**PSS Facilitator Quotation:**

**Applicant’s Name**

Based on the Therapy sessions description provided by FISTA,

I **Mr. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** offer my services and expertise as per the attached CV to the “SHABAKE2” project. I ensure my availability and agree to provide the group therapy Session in the topics:

|  |  |  |
| --- | --- | --- |
| **Awareness Topics** | **Yes** | **No** |
| Fostering trust among friends |  |  |
| Maintaining a secure mental and physical atmosphere |  |  |
| Practicing self-awareness through thoughts, emotions, and behaviors |  |  |
| Identifying areas for improvement, transformation, strengths, and weaknesses |  |  |
| Making ethical judgments and distinctions |  |  |
| Developing problem-solving abilities |  |  |
| Using artistic expression to convey preferences and make decisions |  |  |
| Recognizing and expressing emotions verbally and non-verbally |  |  |
| Applying techniques for self-organization, mentally and physically |  |  |
| Managing intense and challenging emotions |  |  |
| Acknowledging achievements to build self-assurance and trust |  |  |
| Enhancing flexibility and strength |  |  |
| Demonstrating self-compassion, empathy, and compassion for others during challenging times |  |  |

For a fee of \_\_\_\_\_\_ USD per therapy Session

For a fee of \_\_\_\_\_\_ USD per training Session

For a fee of \_\_\_\_\_\_ USD per awareness Session

NB:

* Every group therapy session duration is 1 hour
* The rating of each training day is determined by the hours of training, with each hour contributing to the rating.
* The session will be delivered at community centers in North Lebanon or other community locations, RESTART and FISTA center in Tripoli and Deddeh.

Tripoli: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_