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## QUESTIONNAIRE FOR ORGANISATIONS IN COOPERATIVE MEMBERSHIP

EAGT MEMBERSHIP NUMBER: CO-YY-MM-NO

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1) NAME OF THE ORGANISATION:

1.a Full name and abbreviated name (acronym): .....

1.b Complete address: .....

1.c Phone number(s): .....

1.d Fax: .....

1.e Website + e-mail address: .....

1.f Name and address (incl. Phone, Fax and e-mail) of contact person(s): .....

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2) PRINTED DOCUMENTS: (please enclose the documents mentioned hereafter)

2.a Statutes and regulations (in the language of the country and in English).

2.b Overview of the organizational structure with explanations (in English).

2.c Ethical code, complaints- and appeal procedure in the language of the country, translated also in English. The ethical code and complaints- and appeal procedure must be comparable with those of EAGT.

2.d Contacts with other organizations in the mental health field.



**3) ABOUT THE ORGANISATION:**

3.a Mention and describe the activities of the organisation:

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3.b What is the aim of the organisation:

.....  
.....



**4) OTHER INFORMATION: (TO GET MORE INSIGHT)**

4.a Would you please write below what kind of cooperation you are looking for of EAGT?:

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