



European Association for Gestalt Therapy
Established 1985

EAGT - Office
Noorderdiep 304 F +31 (0) 84 719 3196
9521 BL Nieuw Buinen P +31 (0) 599 614 661
The Netherlands E eagtoffice@planet.nl

Name of Bank ABN / AMRO
Address of Bank P.O. Box 18
Place of Bank 9500 AA Stadskanaal
Country of Bank The Netherlands
Bank Account 60.38.68.053
BIC (Bank Identifier Code) ABNANL2A
IBAN (International Bank Account Number) NL05ABNA0603868053

APPENDIX II

QUESTIONNAIRE FOR TRAINING INSTITUTES

EAGT MEMBERSHIP NUMBER: CO-YY-MM-NO

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1) NAME OF THE INSTITUTE:	
1.a Full name and abbreviated name (acronym):	
1.b Complete address:	
1.c Phone number(s):	
1.d Fax:	
1.e E-mail:	Website:
1.f Name contact person(s):	

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

2.a Advertising

2.b Program/Curriculum

2.c Handbook for students

2.d Fees for students (per year, in Euro)

2.e Representation of the trainees in the structure of the TI

2.f Annual report of activities and financial situation

2.g Report from an outside evaluator

2.h Other

3) **SOME FIGURES ABOUT YOUR INSTITUTE:**

3.a Date of foundation:

3.b History of the Institute (add documents):
.....

3.c How many trainees are registered at the moment in your institute (Including different levels)?
.....

3.d How many trainees have *obtained a certification* as psychotherapist, since the opening of your institute?
.....



4) **FACULTY (STAFF):**

4.a How many trainers are involved in your Institute (full time and/or part time)? (*A minimum of 4 is required*) Add list and CV.
.....

4.b Who of the trainers are *ECP holders*? (*A minimum of 2 is required for EAP accreditation*)
.....

4.c Describe the training and experience of the trainers of the Institute; how did they become trainers?
.....

4.d Did they follow a program of training the trainers?
.....

4.e Did your supervisors follow an extra program for becoming supervisor (please describe)? If not: What is you criteria to appoint supervisors?
.....

4.f What educational programs did the trainers follow in the last 4 years?
.....

4.g Send (enclosed) some samples of *articles* or *publications* by trainers and supervisors from the last 5 years. Add list of all publications of your trainers and supervisors.

4.h Add list of individual therapists and supervisors including CV and description of their professional and ongoing education. (All supervisors and personal therapists need to be members of EAGT or the NOGT).

4.i Send samples of contracts with your trainers, supervisors and personal therapists.
.....



5) **TRAINING PROGRAM: MINIMUM OF 4 YEARS OF TRAINING = 1.450 HOURS**

5.a Describe the entrance level in your educational program for psychotherapists (Minimum: bachelor in the field of helping professions or equivalent).

5.b 250 hours of personal psychotherapeutic experience (at least 50 hours have to be done in individual setting)

5.c 600 hours of theory or methodology – including psychopathology – in accordance with the usual standards of the modality

- 5.d 400 hours of clinical practice with patients
 - either within a mental or social health setting, or equivalent
 - either with individual clients/patients, families or groups, under regular supervision
- 5.e 150 hours of supervision of therapies with real patients.
- 5.f 50 hours personal preference (free choice)

Add documents

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6) ASSESSMENT:

6.a Describe your annual assessment procedure

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6.b Describe the final certification procedure

.....

6.c The Board of certification must not include a therapist of the trainee.

6.d The Board of certification must include at least one expert who is not a trainer of your institute. Who is it and how is s/he involved?

.....

6.e Send some samples of final written work of your trainees.

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7) ETHICAL GUIDELINE:

The Institute and its trainers must adhere to the EAGT Ethical Guideline and the National Ethics Code. There must also be a clear complaints and appeals procedure. Add documents. The Ethical Code and procedures will be checked by the Ethical Committee of EAGT. Add an example of a contract between staff members, supervisors and personal therapists figuring on the list of the Institute and the Institute that shows that all staff members are obliged to these guidelines and procedures.

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8) PROFESSIONAL INVOLVEMENT:

Membership (institute and/or staff) in different Organizations/
 List of associations, scientific committees, boards of journals, etc.
 Contacts to in the (international) gestalt community and health care system of your country.
 Describe the form of involvement.
 Add documents

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9) FACILITIES:

Give a short description of meeting rooms, offices, reception, canteen or kitchen area etc.

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10) VISIT OF THE SITE:

10.a. The site will be visited by two independent experts. They will prepare the visit with a letter sent in advance.

10.b Questions will be asked concerning:

- brochures and flyers
- training Program
- individual files of trainees
- regular coordination meetings of the training staff
- library
- budget/balance
- any other questions arising from the delivered documents

10.c. All other points mentioned above.

10.d There will be separate meetings with:

- The director of the Institute
- The Training Staff (trainers/supervisors/personal therapists)
- The Trainees and Graduates

11) FEES:

11a Please add a receipt that you have paid the following fee for the accreditation procedure:

- € 900,- for large Institutes of Western Europe
- € 500,- for Institutes from Eastern Europe and small institutes of western Europe (on request)

Less than **50 persons** is a **small** organisation (€ 500,-), more than **50 persons** is a **large** organisation (€ 900,-) excluded is first annual fee € 125,-. We count the size of an organisation like this: The amount of the board and staff members, trainers, teachers, supervisors and the actual numbers of students (when postgraduates are members they count too), excluded are staff members like honorary members, administrators and secretaries.

Note: This amount does not include the *travel expenses and lodging* of the visiting committee.

Signature:

Date:

Place: