



European Association for Gestalt Therapy  
Established 1985

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## APPENDIX IV

### QUESTIONNAIRE FOR PROFESSIONAL ORGANISATIONS

**EAGT MEMBERSHIP NUMBER: CO-YY-MM-NO**

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|   |          |
|---|----------|
| <b>1) NAME OF THE INSTITUTE:</b>  |          |
| <b>1.a</b> Full name and abbreviated name (acronym):  |          |
| <b>1.b</b> Complete address:  |          |
| <b>1.c</b> Phone number(s):   |          |
| <b>1.d</b> Fax:   |          |
| <b>1.e</b> E-mail:  | Website: |
| <b>1.f</b> Name and address (incl. Phone, Fax and e-mail) of president:   |          |
| <b>1.g</b> Name and addresses (incl. Phone, Fax and e-mail) of other board members:   |          |
| <b>1.h</b> Address of the EAGT-representative:  |          |
| <b>1.i</b> Enclose criteria for membership (different categories, required basic education and Gestalt education). For the ordinary membership one category has to fulfil the criteria of EAGT: |          |
| <b>1.j</b> Number of members:   |          |
| <b>1.k</b> Number and list of members qualified to the level of EAGT:   |          |

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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)

*Note: Statutes need to have 1 membership category that meets EAGT requirements.*

### 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. For the ordinary membership the ethical code and complaints- and appeal procedure must be comparable with those of EAGT.

- 2.d List of the Professional Organisations (national and international) and Training Institutes (also national and international) with which the organisation cooperates.
- 2.e Contacts with other organizations in the mental health field.
- 2.f Money: Actual financial report, membership fee, recommended tariff for therapy or counselling hour.

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3) **MEMBERSHIP:** the association asks for:

- 3.a Membership as PO:
- |                           |     |    |
|---------------------------|-----|----|
| a) Ordinary membership    | YES | NO |
| b) Associate membership   | YES | NO |
| c) Cooperative membership | YES | NO |

**Signature:**

**Date:**

**Place:**