



European Association for Gestalt Therapy
Established 1985

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Country of Bank The Netherlands
Bank Account 60.38.68.053
BIC (Bank Identifier Code) ABNANL2A
IBAN (International Bank Account Number) NL05ABNA0603868053

APPENDIX IV

QUESTIONNAIRE FOR PROFESSIONAL ORGANISATIONS

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 and address (incl. Phone, Fax and e-mail) of president:	
1.g Name and addresses (incl. Phone, Fax and e-mail) of other board members:	
1.h Address of the EAGT-representative:	
1.i 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:	
1.j Number of members:	
1.k 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: