



European Association for Gestalt Therapy  
Established 1985

**EAGT - Office**  
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Bank Account 60.38.68.053  
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## RE-REGISTRATION FORM FOR NOGTs

EAGT MEMBERSHIP NUMBER: .....

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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 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 ordinary membership one category has to fulfill 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).

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 List of Training Institutes that are connected with the NOGT, list of other professional Institutions and Organizations (national and international) with which the NOGT 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 counseling hour.

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

3.a Accreditation as an official NOGT? YES NO  
(In case there are other National Associations in your country, please describe your relationship to them and enclose documents which state that these associations support your association as the official NOGT)

3.b Subscriber membership? YES NO

3.c Cooperative membership? YES NO