

APPENDIX IV

QUESTIONNAIRE FOR PROFESSIONAL ORGANISATIONS

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 E-mail:	Website:
1.e Name and address (incl. Phone and e-mail) of president:	
1.f Name and addresses (incl. Phone and e-mail) of other board members:	
1.g Address of the EAGT-representative:	
1.h Enclose criteria for membership (different categories, required basic education and Gestalt education).	
1.i Number of members:	
1.j Attach a list with members who meet the EAGT standards	

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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 is 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

I have read and agree to the code of ethics of the EAGT.

I hereby certify that the above information is correct to the best of my knowledge and belief.

I have read and agree to the privacy statement of the EAGT.

Date:

Place:

Signature: