

RE-ACCREDITATION FORM FOR TRAINING INSTITUTES

EAGT MEMBERSHIP NUMBER: 00-00-00

1) NAME OF THE INSTITUTE:	
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 contact person(s):	

Has your institute changed the address since the first accreditation?

YES NO

If yes, please give us a short description of your new facilities: meeting rooms, offices, etc.?

2) Has your Training Program been changed since accreditation or your last re-accreditation?

YES NO

If your training program has been changed, please give us details of this change comparing it with the previously accredited program:

Duration of the training old: new:
Explain:

Hours of personal therapy old: new:
Explain:

Hours of theory and methodology old: new:
Explain:

Hours of supervision old: new:
Explain:

Hours of direct work with the clients (clinical practice under supervision) old: new:
Explain:

Content of theory (explain what changed and why)

Screening procedure (for enrolling into training)

Evaluation and assessment /or final certification procedure

Has anything else changed in the program?

3) New figures about the Institute

- a. How many students are at moment participating in the training program that should lead to EAGT full membership?
- b. In last five years, have you observed any tendency of **increase** or **decrease** in the number of students enrolling at your institute (to attend the training program at EAGT level)?
 YES
 NO (the number is approximately stable)
 - If yes, please explain what is the tendency and what may be the reasons
- c. How many trainees have *obtained a certification as psychotherapists (at EAGT level)* after the Institute was accredited by EAGT?

Has your institute conducted any activity in order to promote/inform trainees about EAGT? YES NO

4) Faculty (staff)

- a. How many trainers are involved in your institute?
- b. Has the number of trainers since EAGT accreditation:
 - Increased; If yes, please explain
 - Decreased; If yes, please explain
 - Stayed the same
- c. How many of the current trainers are full members of *EAGT*? (at least the main trainers are required)
- d. Please provide a list of the trainers currently working at the Institute:

5) Management and organization

- a. Has any significant change in the management (director/president, members of managing board etc.) of the Institute occurred?
 YES NO - if yes, please explain

- b. Provide the current list of persons that comprise the management team (main positions)

6) Finances

- What is the current fee per trainee per year of the training
- Have you experienced any financial difficulties in running the institute/training?

7) Difficulties/successes and future plans

- Has your institute encountered any legal problems or participated in the court/legal processes?
 YES NO - if yes, please explain
- Have you encountered any other difficulties/obstacles in which EAGT may be of assistance?
- What would you emphasise as main successes that your institute has reached since accredited with EAGT, and what are the main goals for future?

8) Feedback and suggestions

- Do you have any suggestions that could help raise the profile of EAGT?
- If you have any other suggestions to the TSC committee or EAGT board, we would appreciate your comments

False information may lead to the removal of your name from the membership of EAGT.

Failure to notify EAGT of changes in the details given above may also result in your Institute being removed from the membership.

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:

Position:

Signed by (full name):

Signature: