

## Application form for Individual Membership SGfB by dossier

### Preliminary remarks

The diversity of SGfB certified training courses documents a rich training offer in psychosocial counselling. With its high requirements SGfB ensures that certified counselling courses fulfill comparable quality standards in spite of their diverse approaches. The SGfB's ethical principles and its Code of Ethics for SGfB counsellors together with the core competencies for counselling defined by SGfB provide clear guidelines for high quality counselling activities. All these documents can be downloaded from the SGfB website (<http://www.sgfb.ch>)

### Contents of the application dossier

Since you do not have completed a SGfB certified counselling course, we need to rely on information about your professional career and especially about your counselling training and counselling practice in addition to personal information for the examination of your application for SGfB active membership. The application form serves as a template for the compilation of your personal dossier. Please note, that in addition to the fully completed and signed application form (1.), you need to provide a motivation letter (2.), documentation with respect to the area of counselling (3.), self-experience /personality development (4.), proof of practical experience (5.), proof of supervision (6.) and other documents (7.) supported by sufficient evidence. You should also enclose a photograph of yourself (8.). Concrete indications with respect to the areas 2 to 4 are described in the admission rules for categories of SGfB membership, Art. 9.

The application form must be completed in full with the additional information. Please, send the complete dossier with the application form in electronic format (PDF) to the SGfB secretariat, Konradstrasse 6, 8005 Zürich, [sekretariat@sgfb.ch](mailto:sekretariat@sgfb.ch).

If you have any doubts or questions, we recommend that you first contact the secretariat.

### Procedure

The secretariat examines the formal aspects of the dossier. In case the dossier is complete, it is sent to the Quality Committee for the substantive examination. The final decision about SGfB membership is taken by the board.

The processing of the application may lead to further questions. The duration of the examination depends on the completeness and the quality of the documentation that is provided. The duration of the process takes minimally two months.

All the persons involved in the examination of the application and the decision making are subject to professional secrecy. They are not allowed to provide any information about the contents of the dossier to third parties.

## 1. Application form active membership by dossier

<b>Personal information</b>	
Form of address / title	
First name	
Last name	
Initial training <sup>1</sup>	
Profession <sup>2</sup>	
Further training <sup>3</sup>	
Date of birth / nationality	/
<b>Address</b>	
Street / number	
Additional information <sup>4</sup> <sup>4</sup>	
Postal code / location	/
Telephone / mobile phone / fax	T / M
Email	
Webseite	
<b>Counselling training &amp; practice</b>	
Training institution <sup>5</sup>	
Duration of the training / diploma <sup>6</sup>	From            till            Diploma
Name of the training <sup>7</sup>	
Qualification / title <sup>7</sup>	
Counsellor since / percentage <sup>8</sup>	Percentage as counselor            %
Employed / independent <sup>9</sup>	<input type="checkbox"/> employed: <input type="checkbox"/> independent:
Membership of professional association <sup>10</sup>	

Please note: the explanations to the numbers 1-10 can be found on page 4.

**Application fee**

The application fee of CHF 800.00 (or CHF 1'000.00 for foreign diplomas due to the higher administrative effort) has been paid into the SGfB account on \_\_\_\_\_.  
 (Postal account: 85-151496-8 / IBAN: CH36 0900 0000 8515 1496 8)

**Confirmation**

I hereby confirm to have taken notice of the SGfB current admission rules, to observe the SGfB's ethical principles and the SGfB code of professional ethics and certify the accuracy of the information provided. The protected title «Counsellor SGfB» can only be used after reception of the certificate.

Place / Date

Signature

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With my signature, I confirm that I agree with the SGfB's data protection declaration regarding the use of my data (<https://www.sgfb.ch/en/data-protection>).

**Contents of the dossier**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Application form  | <input type="checkbox"/> 5. Proof of practical experience   |
| <input type="checkbox"/> 2. Motivation for becoming a member of the SGfB                              | <input type="checkbox"/> 6. Supervision proof   |
| <input type="checkbox"/> 3. Information about duration and contents of the counseling training course | <input type="checkbox"/> 7. Certificates<br><i>(for instance fed advanced certificates, diplomas)</i> |
| <input type="checkbox"/> 4. Information about self-experience personality development                 | <input type="checkbox"/> 8. Picture   |

**Explanations of the numbers 1 a 12**

**Personal information**

- Initial training *Indicate the highest completed level of education. A selection of possible qualifications can be found in annex 1*
- Profession<sup>2</sup> *Enter here your professional qualification*
- Further training<sup>3</sup> *Which professional further training courses have you completed? If you have more than one professional qualification, please, mention them in your professional career.*

**Address**

- Additional information *Mention here PO Box etc.*

**Counselling training & practice**

- Training institution *Mention here the training institution where you have successfully completed your counselling course.*
- Duration of the training course / diploma<sup>6</sup> *Indicate the beginning and the end of the counselling course and the date of graduation.*
- Qualification / title<sup>7</sup> *Indicate the qualification and title of the counselling course*
- Counsellor since / percentage *Indicate since when you are active as a counsellor and the share of all your activities (percentage)*
- Employed / independent / who? / where?<sup>9</sup> *Mention your employer? Provide information about your own practice (where)*
- Membership of professional association *List memberships of professional organizations.*

## 2. Motivation

*Please provide details of your motivation and personal reasons for becoming an individual member of the SGfB.*

**3. Counselling courses: institution, number of hours and contents**

**3.1 Institution**

*Option 1 min. 600 lessons complete training course*

*Option 2 min. 400 lessons plus min. 200 lessons additional courses a, b*

**Complete training course / Initial training course**

Name

Address

Postal code / location

Diploma / Title

**Additional course a**

Name

Address

Postal code / location

Diploma / Title

**Additional course b**

Name

Address

Postal code / location

Diploma / Title

**3.2 Scope of the training**

*Indicate the number of hours of the counselling course.*

- *Variant 1: Complete training course (min. 600 hours)*

**or**

- *Variant 2: Initial training course (min. 400 hours) plus one or no more than two additional courses (min. 200 hours)*

*Variant 1: Complete training course*

*Variant 2: Initial course*

*Additional course a*

*Additional course b*

**3.3 Contents**

*Briefly describe the contents of the counselling course. The curriculum contents are focused on the development of the counselling competencies (see "SGfB core counselling competencies ")*

**3.4 Publications**

*Listing of diploma or master thesis, articles, scripts etc.*

## 4. Self-experience and personality development

### 4.1 Details of the counsellor(s)

*Enter details of the counselor(s) here.*

Last name, first name

Title

Address

Postal Code / Location

Website

Last name, first name

Title

Address

Postal Code / Location

Website

### 4.2 Information on self-experience

*Provide information about self-experience by describing personal processes (in particular the form and kind of self-experience and the processes; with whom they took place; in which setting, how many hours and over what period of time). At least 40 hours of supervised self-awareness and personality work during and/or after the counselling training must be documented.*



**5. Proof of practice**

**5.1 Professional experience and counselling activities**  
*in chronological order*

<i>Function/activity</i>	<i>Company/location</i>	<i>from/till</i>

**5.2 Other professional experiences and activities**  
*in chronological order*

<i>Function/activity</i>	<i>Company/location</i>	<i>from/till</i>

## 6. Supervision

### 4.1 Details of the supervisor(s)

*Enter details of the supervisor(s) here.*

Last name, first name

Title

Address

Postal Code / Location

Website

Last name, first name

Title

Address

Postal Code / Location

Website

### 6.2 Information on supervision

*Provide information about supervision (in particular about the form and kind of supervision; with whom they took place; in which setting, how many hours and over what period of time). At least 50 hours of client-related supervision must be documented with the signature of the supervisor.*

**7. Certification of initial training and higher education institutions**

*Please enclose a copy of the diplomas / certificates.*

**Completion of basic education and higher education**

- EFZ: Federal VET Diploma
- EFZ/BM: Federal Vocational Baccalaureate
- MA: Baccalaureate
- FA: Federal PET Diploma
- HFP: Advanced Federal PET Diploma
- HFS: PET College
- FHB: Bachelor of a University of Applied Arts and Sciences
- FHM: Master of a University of Applied Arts and Sciences
- UniB: University/Federal Technical University (ETH) Bachelor
- UniM: University/Federal Technical University (ETH) Master
- UniL: University/ETH: Diploma
- UniD: PH D.

Or equivalent qualifications:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other initial and further training courses**

- \_\_\_\_\_ Graduation: yes  no
- \_\_\_\_\_ Graduation: yes  no
- \_\_\_\_\_ Graduation: yes  no
- \_\_\_\_\_ Graduation: yes  no
- \_\_\_\_\_ Graduation: yes  no