

Application as SGfB member in training

Personal details	
Address / Title	
First Name	
Family Name	
Education ¹	
Qualification ²	
Further Education ³	
Date of birth / Nationality	
Address details	
Street / Number (<i>regular address</i>) ⁴	
Additional address info ⁵	
Postal code / City	
Telephone / Mobile / Fax	T _____ M _____ F _____ v
Email	
Street / Number (<i>second address</i>) ⁶	
Additional address info	
Postal code / City	
Telephone / Mobile / Fax	T _____ M _____ F _____ v
Email	
Counselling training & practice	
Educational institute ⁷	
Duration of training ⁸	Beginning _____ expected end _____
Type of qualification / Title ⁹	
Counselling since / Percentage ¹⁰	% Percentage of counselling
Employer / Percentage ¹¹	
Self-employed since / City ¹²	Practice in _____
Member of professional assoc. ¹³	

On page 3 you find general explanations concerning your application as well as for figures 1-13 above.

Acknowledgement

The undersigned confirms to have read the current SGfB Conditions of Admission, to respect the SGfB Code of Ethical Practice, adhere to the SGfB Principles of Ethical Practice and to have truthfully completed the form above.

City / Date

Signature

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>).

Information dossier *

- 1 Application form
- 2 Proof of training

- 3 Proof of entitlement (*if available*)
- 4 Photo

* details see next page

Specifications regarding acceptance as SGfB member in training

Preliminary remarks

The great variety of SGfB certified training courses is proof of the variety of career paths that lead to psychosocial counselling. Stringent demands ensure comparable quality standards of SGfB certified counselling services despite their manifold backgrounds. The SGfB Code of Ethical Practice together with the SGfB Principles of Ethical Practice for Counsellors SGfB and the core competencies for counselling as determined by the SGfB, constitute clear guidelines for high quality counselling. All these documents are available as downloads from the SGfB website (<http://www.sgfb.ch>).

Your application dossier

In order to assess your application as SGfB member in training, we depend on your personal details. In addition to the completed and signed application form you need to enclose proof of training as well as – if already available – confirmation by your institute of education that you are entitled to counselling under supervision, at a reduced rate (see Guidelines for SGfB Membership, Art. 12 and 13). Finally, we need your photo.

Procedure

The SGfB secretariat will check your application dossier for completeness before forwarding it for a material assessment to the Quality Committee. The final decision on SGfB membership is taken by the the

In the course of the application process further enquiries may be necessary. The duration of the process therefore depends on completeness and quality of the documentation submitted. The shortest possible procedure takes two months.

All persons involved in the assessment of an application and the decision making process are subject to confidentiality. They must not disclose anything contained in the dossiers to third parties.

Explanations to figures 1 to 13

Personal details

Education ¹	<i>Give highest level qualification.</i>
Qualification ²	<i>Give professional qualification.</i>
Further education ³	<i>What professional further education have you completed? If more than one, please list in career history.</i>

Address details

Regular address ⁴	<i>Give address for correspondence.</i>
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Additional address info ⁵	<i>Give additional address info such as Post Box, etc.</i>
Second address ⁶	<i>Give any second address such as for your office.</i>
Counselling training & -practice	
Educational institute ⁷	<i>Give the SGfB recognised institute at which you qualified for counselling.</i>
Duration of training / Diploma ⁸	<i>Give beginning and expected end of counselling training.</i>
Type of qualification / Title ⁹ <i>qualification.</i>	<i>Give type and title of counselling training and</i>
Counselling since / Percentage ¹⁰	<i>State since when you have been working as counsellor and what percentage of your time (in %).</i>
Employer / Percentage ¹¹	<i>State employer and employment ratio (in %).</i>
Self-employed since / City ¹²	<i>If you are self-employed with own office, enter corresponding data here.</i>
Member of professional assoc. ¹³	<i>Give memberships of professional associations and / or -organisations.</i>