

# Application form to obtain SGfB active membership 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.sqfb.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 documentation with respect to the area of counselling (2), self-experience /personality development (3), proof of practical experience (4), proof of supervision (5) and other documents (6) supported by sufficient evidence. You should also enclose a photograph of yourself. 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 in two copies with the application form in electronic format to the SGfB secretariat, Konradstrasse 6, 8005 Zürich.

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 six 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

Personal information				
Form of address / title				
First name				
Last name				
Initial training 1				
Profession <sup>2</sup>				
Further training <sup>3</sup>				
Date of birth / nationality				
Adress				
Street / number				
Additional information <sup>4 4</sup>				
Postal code / location				
Telephone / mobile phone / fax	T	M		F
Email				
Webseite				
Counselling training & practice				
Training institution 5				
Adress <sup>5</sup>				
Webseite <sup>5</sup>				
Duration of the training /	From	till	Diploma	
diploma <sup>6</sup>	FIOIII	UII	ырюша	
Qualification / title <sup>7</sup>				
Counsellor since / percentage 8	Percentage as counselor			
Employed / independent / who? / where?9	employed	I ☐ independent	who? / where?	
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 has been paid Raiffeisen / IBAN: CH75 8080 8009 5683 6480 7 RAIFCH22	
on (date)	
Confirmation I hereby confirm to have taken notice of the SGf SGfB's ethical principles and the SGfB code of paccuracy of the information provided. The protect used after reception of the certificate.	professional ethics and certify the
Place / Date Signature	
With my signature, I confirm that I agree with the regarding the use of my data ( <a href="https://www.sgfb.co">https://www.sgfb.co</a> Contents of the dossier	
1. Application form	4.Praxisnachweis
<ul> <li>2. Information about duration and contents of the counseling training course</li> <li>3. Information about self-experience personality development</li> </ul>	<ul> <li>☐ 5. Supervisionsnachweis</li> <li>☐ 6. Certificates         <ul> <li>(for instance fed advanced certificates, diplomas)</li> </ul> </li> </ul>
	☐ 7. Photograph



## Explanations of the numbers 1 a 12

#### **Personal information**

Indicate the highest completed level of Initial training

> 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** 

Self-study

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.

Training hours SGfB-certified training courses must

> comprise at least 600 lessons of 45 minutes / 450 lessons of 60 minutes. This does not include absences. For example, if a collective member wishes to tolerate 20% absences, the course must comprise

at least 720

lessons of 45 minutes / 540 lessons of 60

minutes. A maximum of 30% of the training hours (= 200 lessons / 150 hours)

may take place in an online setting.

A maximum of 10% of the course (60

lessons / 45 hours) may be self-study.

Qualification / title7 Indicate the qualification and title of the

counselling course

Sekretariat SGfB Konradstasse 6



Counsellor since / percentage Indicate since when you are active as a

counsellor and the share of all your

activities (percentage)

Employed / independent / who? / where?9 Mention your employer? Provide

information about your own practice

(where)

Membership of professional association List memberships of professional

organizations.



## Counselling courses: institution, number of hours and contents

#### 2.1 Institution

Privide information about the institution.

Name

Adress

Postal code / location

#### **Number of hours**

Indicate the number of hours of the counselling course.

- Variant 1: Complete training course (min. 600 ore) or - Variant 2: Initial training course (min. 400 ore) 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

## 2.2 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 ")





#### Self-experience and personality development 3.

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).



#### **Proof of practice** 4.

Provide information about your counselling practice. (Cf. also additional template for a tabular list in annex 2)





#### 5. **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).



# Annex 1: Initial training and professional training

Certification	of initia	l traini	ing and higher educat	tion institutio	ons
	EFZ:	Fede	ral VET Diploma		
	EFZ/BM	<b>/</b> 1:	Federal Vocational Bad	ccalaureate	
	MA:	Bacca	alaureate		
	FA:	Fede	ral PET Diploma		
	HFP:	Adva	nced Federal PET Diplo	oma	
	HFS:	PET (	College		
	FHB:	Bach	elor of a University of A	pplied Arts ar	nd Sciences
	FHM:	Maste	er of a University of App	olied Arts and	Sciences
	UniB:	Unive	ersity/Federal Technical	University (E	TH) Bachelor
	UniM:	Unive	ersity/Federal Technical	University (E	TH) Master
	UniL:	Unive	ersity/ETH: Diploma		
	UniD:	PH D			
Or equivalent	qualifica	itions:			
	and furth te/diplor		ining courses	yes 🗌	no 🗌
Certifica	ate/diplor	na:		yes 🗌	no 🗌
Certifica	te/diplor	na:		yes 🗌	no 🗌
Certifica	nte/diplor	na:		yes 🗌	no 🗌
Certifica	nte/diplor	na:		yes 🗌	no 🗌

Wir sind
Psychosoziale
Beratung
Sekretariat SGfB
Konradstasse 6
8005 Zürich
www.sgfb.ch



# Annex 2: Professional experience and activities

# a) Professional experience and counselling activities (in chronological order)

Function/activity	Company/location	from/till

# b) Other professional experiences and activities

Function/activity	Company/location	from/till