

Application form for active membership SGfB

Personal details		
Salutation / Title		
First name		
Family name		
Basic training ¹		
Occupation ²		
Continuing education(s) ³		
Date of birth / Nationality		
Address details		
Street / number (<i>main address</i>) ⁴		
Address suffix ⁵		
Postcode / Place		
Phone / Mobile / Fax	T	M
Email		
Website		
Street / number (<i>secondary address</i>) ⁶		
Address suffix		
Postcode / Place		
Phone / Mobile / Fax	T	M
Email		
Counselling Training & Practice		
Training Institute ⁷		
Duration of training / Diploma ⁸	Start	End Diploma
Designation / Title ⁹		
Advisory since / share ¹⁰	Share of counselling in %	
Employment with / share ¹¹		
Self-employed consultant since / Place ¹²	Practice in	
Membership professional association ¹³		

On page 3 you will find general explanations on the application as well as on items 1 to 13 above.

Application fee

The application fee of CHF 300.00 was paid on _____ paid into the account of the SGfB. If you are already a member of the SGfB, the application fee is only CHF 250.00 and was paid into the SGfB account on _____.
(Raiffeisen, IBAN: CH75 8080 8009 5683 6480 7 / BC-Nr.: 80808 / SWIFT-BIC: RAIFCH22)

Confirmation

With my signature I confirm that I am familiar with the current SGfB Membership Admission Regulations, that I respect the SGfB Ethical Principles, that I comply with the SGfB Code of Ethics and that the information I have provided is correct. The trademarked title "Consultant SGfB / Beraterin SGfB" may only be used after receipt of the certificate.

Place / Date

Signature

With my signature I confirm that I agree with the privacy policy of the SGfB regarding the use of my data (<https://www.sgfb.ch/de/datenschutz>).

Content of the dossier

- | | |
|--|--|
| <input type="checkbox"/> 1. application form | <input type="checkbox"/> 3. professional career (<i>in tabular form</i>) |
| <input type="checkbox"/> 2. diploma | <input type="checkbox"/> 4. photo |



Explanations on the application for active membership SGfB Preliminary remarks

The variety of training courses certified by the SGfB documents a wide range of training courses in the field of psychosocial counselling. With high requirements, the SGfB ensures that the certified counselling offers have comparable quality standards despite their variety in approaches. The SGfB Ethical Principles and the SGfB Code of Ethics for Counsellors, together with the SGfB Core Competencies for Counselling, provide clear guidelines for high-quality counselling. All these documents are available for download on the SGfB website (<http://www.sgfb.ch>).

For the processing of your application for active membership SGfB we depend on personal information.

The application form serves as a grid for compiling your dossier. Please note that, in addition to the completed and signed form, you must enclose a copy of your diploma, a tabular presentation of your professional career and a photograph of yourself.

Procedure

The SGfB Secretariat formally checks the documents. If the application dossier is complete, it goes to the Quality Commission for substantive examination. The final decision on SGfB membership lies with the Board.

The processing of the application may lead to queries. The duration of processing therefore depends on the completeness and quality of the submitted documents. The minimum processing time is two months.

All persons entrusted with the processing of an application and the persons involved in the decision-making process are subject to the duty of confidentiality. They may not disclose any information about the contents of the dossier to third parties.

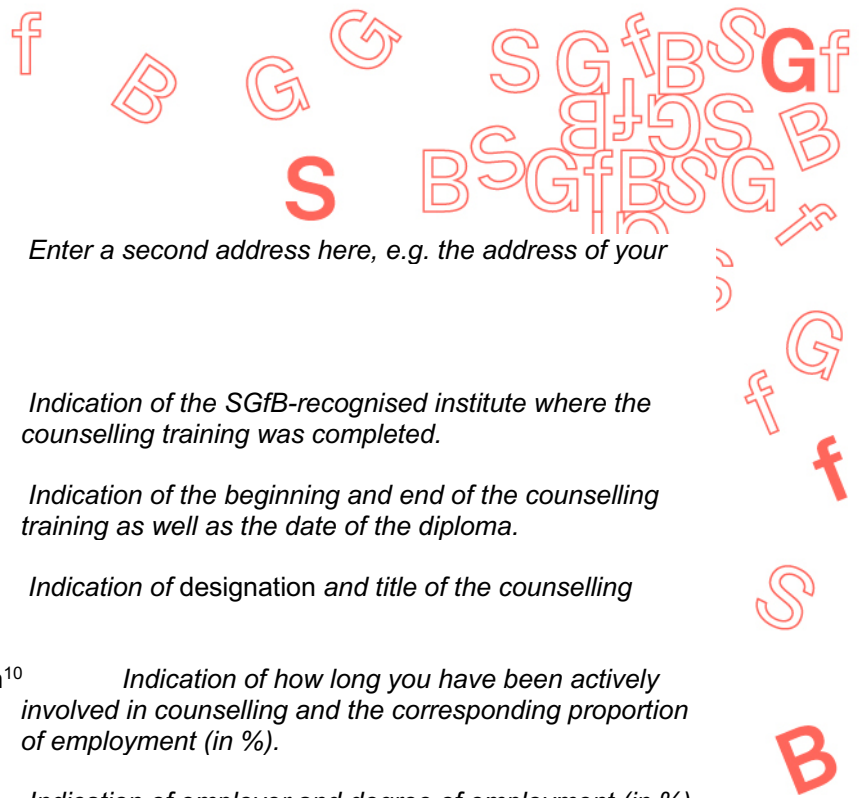
Explanations to paragraphs 1 to 13

Personal details

Basic training ¹	<i>Enter the highest degree of basic training here.</i>
Profession ²	<i>Enter professional qualification here.</i>
Further education ³	<i>Which further education have you completed? If you have more than one qualification, please list them in your professional history.</i>

Address details

Main address ⁴	<i>Enter correspondence address here.</i>
Address suffix ⁵	<i>Enter address suffix here, such as P.O. Box, etc.</i>



Second address⁶
practice.

Enter a second address here, e.g. the address of your

Counselling Training & Practice

Training institute⁷

Indication of the SGfB-recognised institute where the counselling training was completed.

Duration of training / Diploma⁸

Indication of the beginning and end of the counselling training as well as the date of the diploma.

Designation / Title⁹
training.

Indication of designation and title of the counselling

Counselling practice since / Proportion¹⁰

Indication of how long you have been actively involved in counselling and the corresponding proportion of employment (in %).

Employment with / Proportion¹¹

Indication of employer and degree of employment (in %).

Self-employed counselling since / location¹²

If you work in your own practice, please enter the relevant details here.

Membership Professional Association¹³

Enter memberships in professional associations and/or organisations.