

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.



