

Proof of further training for the triennial renewal of SGfB individual membership from month/year ... to month/year: ...

Family name:

First name:

Spread across three years, a total of 75 hours of further training in the psychosocial field and 15 hours of client-specific individual supervision must be demonstrated. Units of 60 minutes are calculated as "hours". 1/3 of the training courses may be online.

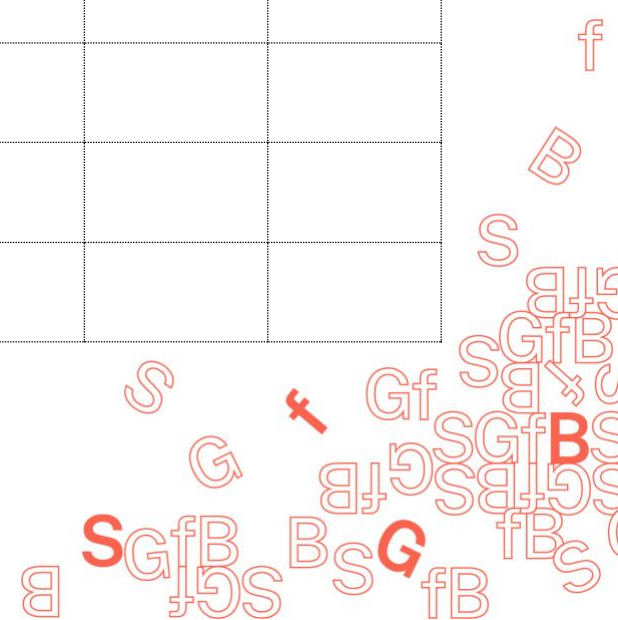
Training certificates

All training courses must be entered on the following list and documented by written, dated and signed evidence from the organising organisation(s). The following are recognized as continuing education in the psychosocial field:

- All training courses and congresses in the field of psychosocial counselling that take place within the three-year period and serve to extend the counselling competence.
- Intervention: a maximum of 25 hours / 3 years will be counted as continuing education if confirmed in writing, dated and signed by the participants of the group.
- Self-awareness in the group or in an accompanied individual setting: maximum 25 hours / 3 years. The self-awareness units must also be confirmed, dated and signed.
- Lecturers who offer training and further education in the psychosocial field. A maximum of 25 hours / 3 years can be given.

In the past three years, I have attended the following further training courses in the psychosocial field:

Date	Topic and nature of the <u>training</u>	Organized by	Number of hours	Document number



Supervision certificates

All supervisions must be entered on the following list and confirmed in writing, dated and signed by the supervisor. Supervision is possible in individual and/or group settings. The following applies to group supervision: 3 hours of group supervision correspond to 1 hour of individual supervision. Supervision can be carried out 100% online. Supervision is possible in an individual and/or group setting.

I have visited the following **client-related supervision in the past three years:**

Date	Type of <u>supervision</u> (Individual or Group)	Supervisor's name	Number of hours	Document number

I apply for the renewal of my active membership for three years and certify with my signature the accuracy of all the information provided. I agree to pay the annual membership fee within 30 days of invoicing into the Post Office Account no. 85-151496-8.

Place and date:

Signature:

Please return to the Swiss Association for Counselling SGfB, Secretariat, c/o FH SCHWEIZ, Konradstrasse 6, 8005 Zürich