

Application individual member SGfB

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			
Website			
Street / Number (<i>second address</i>) ⁶			
Additional address info			
Postal code / City			
Telephone / Mobile / Fax	T	M	F
	v		v
Email			
Counselling training & practice			
Educational institute ⁷			
Duration of training / Diploma ⁸	Beginning	End	Diploma
Type of qualification / Title ⁹			
Counselling since / Percentage ¹⁰	counselling	% Percentage of	
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.

Application fee

The CHF 300.00 application fee was paid into the SGfB account the _____
(Post Office Account Nr.: 85-151496-8 / IBAN: CH36 0900 0000 8515 1496 8)

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. The protected title «Counsellor SGfB» can only be used after reception of the certificate.

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 *

- | | |
|---|--|
| <input type="checkbox"/> 1 Application form | <input type="checkbox"/> 3 Career history (<i>in table form</i>) |
| <input type="checkbox"/> 2 Diploma | <input type="checkbox"/> 4 Photo |

* details see next page

General explanations regarding SGfB individual membership application

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>).

In order to assess your application for individual SGfB membership, we depend on your personal details. The application form serves as a basis for your personal SGfB file. Please note that in addition to the completed and signed form you need to enclose a copy of your diploma, your career history in table form as well as a photo of yourself.

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 Board .

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>
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 end of counselling training as well as date of diploma awarding.</i> |
| Type of qualification / Title ⁹
qualification. | <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> |