



Chamber of Individual Members
secretariat: rue du Clairon 30 Bte 6 - 5503 Sorinnes - Belgium
tel. + 32 496 22 22 96 - secretariat@eftacim.org
Website: www.europeanfamilytherapy.eu

Dear Madam, Sir,

Thank you for your interest in becoming an individual member of the EUROPEAN FAMILY THERAPY ASSOCIATION.

As you may know, EFTA is the first and only organization to bring together family therapists and systemic practitioners from all over Europe, with members from 31 countries.

The aim of this association is to promote a higher level of competence and quality in the practice, research and teaching of family therapy and systemic approach, as well as to link and coordinate European centers, institutes and individuals in the field of family therapy and systemic intervention.

EFTA consists of 3 chambers (Chamber of Individual Members, Chamber of Training Institutes and Chamber of National Associations).

If you would like to become an individual member of EFTA as a family therapist, please fill out the enclosed form and return it with the required documents (see checklist on the form).

We are looking forward to hearing from you.
Kind regards,

Martine Nisse
Chair of the EFTA Chamber
of Individual Members



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APPLICATION FOR EFTA-CIM MEMBERSHIP AS FAMILY THERAPIST

I wish to apply to become an EFTA effective member and enclose the following documents with this application:

1. The attached information sheet
2. A Curriculum Vitae
3. A paper certifying a long training in Systemic Approach and Systemic Family Therapy delivered by one training institute (or maximum 2 different institutes). It will attest of **a minimum of 700 hours of training in a period of at least 4 years, including at least 450 hours of clinical, theoretical and practical, training in the presence of the trainer, and at least 250 hours of autonomous clinical practice with couples and families, certified by the training institute.**

NOTE:

- a) Individual or group supervisions that are not included in the training programme cannot be validated as « training ».
 - b) To be considered 'training in systemic family psychotherapy', university programmes, even if the title contains a systemic and/or family therapy reference, must include experiential and situational methodologies (role-playing, etc.).
4. A letter of recommendation from a person other than my trainers (for example the person responsible for the institution, association, department, etc... where I work, or any other person who can act as a reference, and who is, if possible, an EFTA member) **attesting to my work with families after the training.**
 5. An administrative fee of 38 Euros, to be paid according to the instructions for payment here attached, which is only administrative (when your application is accepted, you will have to pay an effective membership fee of 80 Euros for the current year).

Date and signature:

This application should be sent by email to:

secretariat@eftacim.org

or by mail to:

EFTA CIM

*Rue du Clairon 30 Bte 6
5503 Sorinnes (Belgium)*

For information:

- *Your application will be submitted to the Evaluation commission which meets approximately 2 times per year.*
- *If one or some items are missing, we will inform you.*
- *You will be informed about the decision of the accreditation commission after its meeting.*



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INFORMATION SHEET

<i>LAST NAME:</i> _____	<i>FIRST NAME:</i> _____	<i>DATE OF BIRTH:</i> _____ / _____ / _____
<i>Home Address:</i>		
<i>Street</i> _____ <i>nr</i> _____ <i>postal code</i> _____ <i>Town</i> _____ <i>Country</i> _____		
<i>Home telephone nr.</i> _____ <i>Mobile</i> _____ <i>E-mail</i> _____		
<i>Work Address:</i>		
<i>NAME of institution, department, etc.</i> _____		
<i>Street</i> _____ <i>nr</i> _____ <i>postal code</i> _____ <i>Town</i> _____ <i>Country</i> _____		
<i>Work telephone nr.</i> _____ <i>Mobile</i> _____ <i>E-mail</i> _____		
<i>Professional website:</i> _____		

PROFESSIONAL QUALIFICATIONS:

- *Bachelor's degree:* _____
- *Further training in family therapy and/or systemic approach*

BASIC TRAINING IN FAMILY THERAPY				
Training Institute	Dates From the year... to the... (MINIMUM 4 years):	Nr of hours (MINIMUM 700h)		Attached certification (file name):
		Under the trainer's supervision (MINIMUM 450h):	Autonomous clinical practice during training (MINIMUM 250h)	
1.				
2.				
COMPLEMENTARY TRAINING				
Training Institute	Dates From the year... to the...	Nr of hours		Attached certification (file name):
		Theory:	Clinical Practice:	
1.				
2.				
3.				



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• *Trainers:*

• *Letter of recommendation:*

POST-TRAINING SYSTEMIC THERAPY PRACTICE				
<i>Context of family and/or systemic therapy practice</i>	<i>From the year</i>	<i>... to the...</i>	<i>Certified by* (Manager, supervisor or colleague)</i>	<i>Attached letter (file name):</i>
1.				
2.				

** Person to whom you are asking for the recommendation, concerned by item (3), must certify that your practice does well fit in the family and/or systemic therapy field.*



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**CONCERNING PAYMENTS TO EFTA FOR ADMINISTRATIVE AND EFFECTIVE
MEMBERSHIP FEES OF INDIVIDUAL MEMBERS**

We advise you to respect carefully the here-after conditions for safe and rapid treatment of your records in our books; they also avoid unnecessary expenses. Thank you.

FOR CANDIDATES AND MEMBERS RESIDING IN:

Belgium: You may pay on the EFTA account at the ING Bank
IBAN: BE 81 3100 9433 6024 - BIC: BBRUBEBB.

France: You may pay on the account : BNP Paribas : agence Maubeuge 00525-
RIB: 30004 00525 00009172960 56
IBAN: FR76 3000 4005 2500 0091 7296 056 - BIC: BNPAFRPPVCS

Other Countries: Ask your bank to transfer the amount (free of charge for us) in Euros to our EFTA account in Belgium at: ING, 205-207 avenue Louise - 1000 Bruxelles,
IBAN: BE 81 3100 9433 6024 - BIC: BBRUBEBB.

You may pay **by Visa Card, Master Card or Eurocard.**

In this case, fill in the form here-after. Important: The amount must be in Euros.

Please send this form either to secretariat@eftacim.org

Or by post to

EFTA CIM – rue du Clairon 30/6 - 5503 Sorinnes (Belgium)

Last name, First name: _____

Address: _____

Tel.: _____

Please charge the amount of _____ EUROS to my credit card

- Visa*
- Mastercard*
- Eurocard*

N° _____

Expiry date: ____ / ____

Date: ____ / ____ / ____ *Signature:* _____