



EFTA-TIC

EUROPEAN FAMILY THERAPY ASSOCIATION TRAINING INSTITUTES CHAMBER

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Criteria for Membership of the Training Institutes Chamber

Membership Status

Full Membership requires

- Provision of a clinical training programme which complies with Section 4 of the Guidelines for Training Family and Systemic Therapists as detailed in the EFTA Minimum Training Standards (2011) (<https://efta-tic.eu/wp-content/uploads/minimum-training-standards.pdf>).
- That the programme be of four years duration including a minimum of 700 hours specialist family therapy training of which at least 450 hours must be tutor-directed learning and at least 250 hours self-directed learning.
- That one four-year training cycle must have already been completed.

Associate Membership is available to Institutes which

- Have a training programme that does not yet meet the Section 4 Guidelines and/or have not yet completed at least one four-year training cycle, It should be noted that members of both types may participate and contribute to the EFTA-TIC process, but only Full Members may vote or hold executive positions in the Chamber.

Application Procedure

Applications should include the following documents *in English*:

- Completed EFTA-TIC Membership Application Form and summary of hours (**attached in this document**).
- Two letters of recommendation are required to support your application.

These may be supplied by:

- a) Directors or senior staff of EFTA-TIC member institutes or
- b) Senior family therapists or trainers who are EFTA members.

The referees must not be employed by or closely associated with the applicant institute. It is desirable that one reference be from a local source in your own country and one international source.

- The statutes of the Institute (*if in a language other than English, kindly provide both an English summary and a copy of the original Statutes*).
- An overview of the training programme and
- The number of professionals already trained.
- The names of the trainers in the Institute, and information on their own training.
- Collaborations with other Institutes (if any).

Note: Active Associate Members wishing to apply for Full Membership are required to resubmit updated documentation and pay the relevant application fee.

—Application documents should be sent both electronically to info@efta-tic.eu and by post to:

EFTA -TIC Secretariat.
9, Epidavrou St., 152 33 - Halandri
Athens, Greece

Application Fee

*According to the World Bank classification of country financial status, effective as of 01/01/2013:
<https://data.worldbank.org/indicator/NY.GNP.PCAP.CD>

Full Membership	150 Euro
Associate Membership	100 Euro
Low Income Countries*	100 Euro for Full Membership, 60€ for Associate Membership

— Application Fee should be sent by bank transfer directly to:

EFTA-TIC TREASURY
BANK: ING Belgium
Account Holder Name: European Family Therapy Association AISBL
IBAN: BE02 3631 6580 2140
BIC: BBRUBEBB
EFTA Address: rue du Clairon 30/6 - 5503 Sorinnes - Belgique

Kindly make sure that the name of your Institute appears on the payment or send a scanned copy of your payment to the Treasurer, Yvain Piketty: e-mail yvain.piketty@gmail.com, fax +33 3 20 05 11 77.

Important: upon acceptance the Institute shall be required to pay its annual fee (kindly refer to [Membership Fees' document](#)).

We look forward to your application.
Cordially,
The EFTA-TIC Board



EFTA-TIC

Membership Application

A. Basic Information:

Name of the Institute: _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

e-mail: _____ website: _____

B. Your Institute is applying to become: ☐ a Full Member or ☐ an Associate Member

C. Two letters of recommendation are required to support your application.

These may be supplied by:

a) Directors or senior staff of EFTA-TIC member institutes or

b) Senior family therapists or trainers that are EFTA members.

The referees must not be employed by or closely associated with the applicant institute.

It is desirable that one reference be from a local source in your own country and one international source.

☐ 2 EFTA-TIC Member Institutes ☐ 2 Senior Family Therapists / Trainers ☐ 1 of each

C-I. EFTA-TIC Member Institutes

1. Name of Institute: _____

Director(s): _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

e-mail: _____ website: _____

2. Name of Institute: _____

Director(s): _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

e-mail: _____

C-II. Senior Family Therapists / Trainers

1. Name: _____

Institute Affiliation: _____

Address: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

e-mail: _____

**EUROPEAN FAMILY THERAPY ASSOCIATION
TRAINING INSTITUTES CHAMBER**



EFTA-TIC

C-II. Senior Family Therapists / Trainers

1. Name: _____
Institute Affiliation: _____
Address: _____
Country: _____ Postal Code: _____
Telephone: _____ Fax: _____
e-mail: _____

D. Documents Enclosed:

- ☐ completed Application Form and hourly table (Appendix)
- ☐ the statutes of the Institute,
- ☐ an overview of the training program
- ☐ the number of professionals already trained,
- ☐ the names of the trainers in the institute, and information on their own training,
- ☐ collaborations with other Institutes (if any),
- ☐ 2 letters of recommendation from application supporters (must be independent of applying institute)

E. Application Fee Enclosed:

- ☐ 150 Euro Full Membership
- ☐ 100 Euro Associate Membership
- ☐ 100/60 Euro Full / Associate Low-Income Country Membership

I hereby declare that the information stated in this application is correct.

On behalf of the Institute

Name:

Position in the Institute:

Signature and Date

**EUROPEAN FAMILY THERAPY ASSOCIATION
TRAINING INSTITUTES CHAMBER**

APPENDIX

Name of Institute:

Instructions: PLEASE INSERT THE DISTRIBUTION OF HOURS FOR EACH PROGRAM ELEMENT ACROSS YEAR ONE TO YEAR FOUR AND ADD TOTAL

THEORY	Year One	Year Two	Year Three	Year Four	Total
Tutor Directed Hours					
Self-Directed Hours (study without the presence of tutor)					
Total Combined Hours Theory					
CLINICAL HOURS Please note there are a number of different ways of collecting clinical hours	Year One	Year Two	Year Three	Year Four	Total
Live Team Hours					
Live Team Hours Supervision					
Hours of Independent Practice					
Hours of Supervision of Live Practice					
Hours of Supervision of Independent Practice					
PERSONAL AND PROFESSIONAL	Year One	Year Two	Year Three	Year Four	Total
Formats/ Group Process					

methods						
	Self-Directed Hours					
	Tutor Directed Hours					
	Individual Therapy As requirement					
	Self-Directed Hours					
	Tutor Directed Hours					
	Group Therapy					
	Self-Directed Hours					
	Tutor Directed Hours					
	Other					
	Total Hours					
SUMMARY INFORMATION		THEORY	CLINICAL	PERSONAL AND PROFESSIONAL DEVEL.	Other if applicable	
Self-Directed Hours <i>Total</i>						
Tutor Directed Hours <i>Total</i>						
TOTAL						