



EFTA-TIC

EUROPEAN FAMILY THERAPY ASSOCIATION TRAINING INSTITUTES CHAMBER

Criteria for Membership of the Training Institutes Chamber

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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) (<http://www.efta-tic.eu/Training%20Standards.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 (**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. (It is not essential that they be 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
- ◆ 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).

— Application documents should be sent both electronically to efta-tic@otenet.gr 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:*
<http://data.worldbank.org/about/country-classifications/country-and-lending-groups>

Full Membership	120 Euro
Associate Membership	60 Euro
Low Income Countries*	40 Euro

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

EFTA-TIC TREASURY
BANK: CRÉDIT DU NORD
AGENCY: CROIX RÉPUBLIQUE
IBAN: FR76 3007 6028 8433 5410 0420 015
CODE BIC: NORDFRPP

Kindly make sure that the name of your Institute appears on the payment or send a scanned copy of your payment to the Treasurer, Michel Maestre: e-mail michel.maestre@psycom.fr, fax +33 3 20 05 11 77.

Important: upon acceptance the Institute shall be required to pay its annual fee (kindly refer to Membership Fee document - <http://efta-tic.eu/membership-fees/>).

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



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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. (It is not essential that they be 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: _____

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C-II. Senior Family Therapists / Trainers

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

D. Documents Enclosed:

- completed Application Form,
- 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:

- 120 Euro Full Membership
- 60 Euro Associate Membership
- 40 Euro 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

Date

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TRAINING INSTITUTES CHAMBER**