

EABP MEMBERSHIP APPLICATION FORM

Revised January 2001.

Please print this form out off the Internet page.

Please type or print answers to all questions **in English** - this form may have to be read by people whose first language is not English.

Please be very clear in what you write.

Please keep a complete copy for yourself - sometimes applications have got lost.

Make sure that you include copies of certificates; letters of recommendation; etc.

Some of the questions refer to the EABP Membership Criteria. Please consult these.

1. Name:.....

2. Address:.....

3. Contacts:.....

Phone no: (include country's code).....

Fax no:.....

e-mail:.....

4. Place(s) of work:.....

5. Work contacts:.....

Phone no: (include country's code).....

Fax no:.....

e-mail:.....

6. Personal details:.....

Date of birth:

Sex:.....

Country of origin:.....

Languages spoken:.....

7. Training:.....

- **With whom did you train and in what methods?**.....
- **With which organisation(s)?**.....
- **Over how many years?**.....
- **Please give titles of courses and dates as well.**.....

Please enclose copies of any certificates of completion, training diplomas, etc. when you send in your application form. (This is very important.)

8. Training Hours:

Approximately how many hours of professional training as a psychotherapist did you receive? (Do not include hours of personal psychotherapy (individual or group) which might have been part of your training course(s)) (EABP Membership Criteria 1 & 2)

9. Approximately how many hours of this training was specifically in Body-Psychotherapy?

10. What other academic training and professional qualifications do you consider relevant to your psychotherapy or Body-Psychotherapy work? Give details and reasons.

11. Approximately how many hours of on-going personal individual or group Body-Psychotherapy did you receive outside of the training sessions?

(EABP Membership Criteria 2)

Individual sessions:.....

Group sessions:.....

State the name(s) of the Body-Psychotherapists that you had personal psychotherapy with:

Please attach a signed statement from each of these people or give a reason why this is unavailable.
(stating that you did in fact receive regular personal Body-Psychotherapy from them over these periods of time) (This is important.)

12. How many hours of professional supervision did you receive outside of the training context (unless the training course included extended supervised client-work beyond the training modules) from a body-psychotherapist for body-psychotherapy client work? (EABP Membership Criteria 3)

(a) In an individual context?

(b) In a group context?

(then multiply the answer to part (b) by 2 which equals and then divide that answer by the number of people (n) in the group which was: so the answer to part (b) now equals.....)
So the total of these two amounts: (a) + (b)x2/ n: equals

13. Who was / were your supervisor(s)? Given their names and addresses.

Please attach a signed statement which authenticates the number of hours of professional supervision in Body-Psychotherapy from each of these people or give a reason why this is unavailable. (This is important.)

14. Approximately how many hours of other supervision have you received?

For what type of work?

Please state who were your supervisors(s):

Please attach a signed statement from these people or give a reason why this is unavailable. (This is important.)

15. Approximately how many hours of paid professional practice, as a body-psychotherapist, have you given over a three-year period?

(EABP Membership Criteria 4)

In a group context?

To individuals?

Give dates and any pertinent details about the situation (e.g. in a Health Clinic, as an individual practitioner, to trainees on Training Course etc.)

16. Approximately how many hours of paid professional practice, other than as a body-psychotherapist, have you given?

In what situation? What type of therapy? Please give details.

17. What other life experiences do you consider have helped prepare you for this work?

18. If you feel that you have not satisfied the 4 quantitative criteria for EABP Membership, help us by giving further information about relevant experience and/or training which you think will make up an equivalence and which have helped you prepare to become a Body-Psychotherapist - in other words,

why do you consider yourself a Body-Psychotherapist even though you don't fulfill the criteria?
(Continue on a separate sheet if necessary)

Present Practice:

19. What description do you currently use for your work?

(e.g. Body-Psychotherapist, psychotherapist, psychologist, trainer, doctor, healer, Heilpraktiker etc.)

20. What approaches in Body-Psychotherapy do you use or practice?

Please describe your current work in about 30-50 words.

21. How does the EABP definition of Body-Psychotherapy and the work of a Body-Psychotherapist fit - or not fit - with your work?

Please be precise.

22. Please describe your work situation, any special client groups and work load:

(e.g. clinic, individual practice, groups etc.; working with children, disabled etc.; with an average of (say) 20 clients per week, or 4 groups, etc. etc.)

23. What is your legal status as a practitioner in the countries where you practice?

(a) What qualifications are required there?

(b) What are your qualifications?

24. Do you have the legal right to call yourself a Body-Psychotherapist and to work as such in your country? Yes / No

If not, how do you cope?

25. Are you registered with any other professional bodies in Psychotherapy? Yes / No

If so, Which?

26. Are you registered with any other professional bodies? (i.e. as a doctor etc.)

If so, Which?

27. Any further information that may be relevant to letting us know about the status or type of your practice?

28. Please give the names and addresses of 2 Body-Psychotherapists, preferably members of EABP, who could sponsor your application.

(1)

(2)

Please enclose a letter of reference from each of them.

Thank you very much for giving us all this information.

I wish to apply to EABP for Membership & confirm the information I have given here is correct & agree to abide by the Code of Ethics and Guidelines, if accepted.

Signed _____ Date: _____

We recommend that all EABP Members take out suitable and appropriate professional liability & malpractice insurance.

Please print out the EABP Membership Declaration as well and sign this and enclose a copy of this with your application. (This is important.)

Please send all this material to:

EABP Secretariat, Leidsestraat 106-108/2, 1017 PG Amsterdam, The Netherlands.

eabpsecretariat@planet.nl

Thank You.