European Interdisciplinary Association for Therapeutic Services with Children and Young People
EIATSCYP CERTIFICATION

Section 1 (to be completed by the individual applicant)

In order to be awarded the European Certificate and register your contact details on the EIATSCYP website you must sign the following statement:

I, _____ (print name in capital letters)

agree to the EIATSCYP Registrar holding the information that I provide below on their computer database. I agree that this information can be shared for EIATSCYP Membership Purposes. I also declare that the information I give below is correct and accurate.

Signed _____ Date _____

Now please print in capital letters the contact information below

Name _____

Address _____

_____

Telephone _____

Email (if any) _____ Website (if any) _____

Please note, and ☒ the category for which you wish to register:

Initial Registration Fee: 75 euros. **The annual fee is** 75 euros for a one-year membership.

- if registering as a **Child and Adolescent Psychotherapist** the fee is **€ 75** ☐
- if registering as a **Psychotherapist for Children and Young People** the fee is **€ 75** ☐
- if registering as a **Child Psychotherapeutic Counsellor** the fee is **€ 75** ☐
- if registering as a **Child Therapeutic Counsellor** the fee is **€ 75** (as above) ☐
- If registering for a **Contextual Child Therapeutic Practitioner** the fee is **€ 75** (as above) ☐

Section 2 (to be completed by the sponsoring EIATSCYP Member Organisation)

The person completing this section must be authorised to do so by the Member Organisation (MO) and will normally be the senior trainer or Director of the MO.

Person being sponsored for certification _____ (print name in capital letters)

I confirm that the above named person is, by the rules of my Member Organisation, suitable for

- European certification ☐
- entry on the website ☐

Please ☐ as appropriate

Name (please print) _____

Position in Member Organisation (please print) _____

Name of Member Organisation (please print) _____

Please note

This form must be completed for each individual applicant.
The signed version should be sent to EIATSCYP Registrar who will issue the Certificate:
Registrar: Mirela Badurina, registrar@eiatscyp.com

Name of Payee:	European Interdisciplinary Association for Therapeutic Services with Children and Young People (EIATSCYP)
Address	Eternitatii Street No. 30, Timisoara Romania
Bank:	Libra Bank
IBAN Reference:	RO82BREL0002004618170200

A certificate cannot be issued without the completed and signed application forms and until payment is received by administrator.

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