

European Centre for Clinical Social Work

Clinical Mentor Recognition Application Form (CM-ECCSW)

Status: 10.12.2022

Personal Data

Surname: _____
First name: _____
Date of birth: _____
Street & house number: _____
Postal code & City: _____
Availability by phone: _____
E-Mail: _____

Current job

Institution: _____
Street & house number: _____
Postal code & City: _____
Telephone: _____
E-Mail: _____

Degree

Degree: _____
Degree programme: _____
University: _____
Year of graduation: _____
Study focus: _____

Other degrees (also postgraduate courses at universities)

Degree: _____
Degree programme: _____
University: _____
Year of graduation: _____

Please enclose evidence relevant to the application for certification (e.g., certificate, further information on study content).

Competences acquired

Upon application, the ECCSW awards the title "Clinical Mentor (CM-ECCSW)" to colleagues who have sound and long-standing specialist knowledge and competence in their field of work. If possible, they should offer further training for interested persons and "Clinical Practitioners (CP-ECCSW)" who are seeking certification by the ECCSW. This includes conducting self-reflection, guiding/leading intervision groups and supervising social-clinical case consultation.

Clinical practice experience

For the level "Clinical Mentor (CM-ECCSW)", the ECCSW requires evidence that ensures the qualification for the attainment of the competences described above. These are, on the one hand, professional practice from certification as a "Specialist Social Worker for Clinical Social Work (FS-ECCSW) / Clinical Social Worker (CSW-ECCSW)", the background experience in the corresponding topic/field of work, conceptual presentation of the offered further training content, supervision/intervision. Please submit the relevant evidence along the following points.

1. Details of your certification as a specialist social worker

- I was certified as a "Specialist Social Worker for Clinical Social Work (FS-ZKS)" at _____ and meet the criteria for the level "Clinical Mentor (CM-ECCSW)".

2. Sum of practical experience

What professional experience of several years and/or specific further education/training in relation to clinical-social tasks have you completed after your certification by the ECCSW or ZKS?

2.1 Practical experience / completed further education / training

A

| | |
|-----------------------------------|-------|
| Institution: | _____ |
| Street & house number: | _____ |
| Postal code & City: | _____ |
| Telephone: | _____ |
| E-Mail: | _____ |
| Start of employment: (year/month) | _____ |
| End of employment: (year/month) | _____ |
| Number of months of employment: | _____ |
| Tasks carried out | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

Please enclose relevant evidence with the application (certificates, testimonials, confirmations).

2.2 Practical experience / completed further education / training

B.

Institution: _____
Street & house number: _____
Postal code & City: _____
Telephone: _____
E-Mail: _____
Start of employment: (year/month) _____
End of employment: (year/month) _____
Number of months of employment: _____
Tasks carried out _____

Please enclose relevant evidence with the application (certificates, testimonials, confirmations).

2.3 Practical experience / completed advanced/continuing education

C

Institution: _____
Street & house number: _____
Postal code & City: _____
Telephone: _____
E-Mail: _____
Start of employment: (year/month) _____
End of employment: (year/month) _____
Number of months of employment: _____
Tasks carried out _____

Please enclose appropriate evidence with the application (certificates, testimonials, confirmations).

Copy this page if required and attach the relevant supporting documents

4.3 What quality assurance methods do you use?

Costs

I transferred the fee of 120.00 EUR for the initial certification as a "Clinical Mentor (CM-ECCSW)" to the ECCSW account below at the same time as the application.
I am a member of ECCSW and therefore exempt from charges.

ECCSW e.V.
Commerzbank Sonneberg
IBAN: DE56 7834 0091 0876 721200
BIC: COBADEFFXXX

Continuous professional development

The holder of the certificate undertakes to regularly participate in specialist conferences and further training in order to continuously develop clinical social work skills.

City, Date

Signature

Professional ethical principles

The professional ethical principles of ECCSW are based on the Code of Ethics of the Clinical Social Work Federation (<http://www.clinicalsocialworkassociation.org>). Each certificate holder undertakes by signature to comply with the professional ethical requirements before the certificate is issued. The acknowledgement is to be attached to this application in the form of the signature of the professional ethical principles.

Explanation

The current data protection guidelines for the certification procedure are available on the ECCSW e.V. homepage.

I consent to the processing of my personal data for the purpose of certification. A revocation is not bound to any particular form and is addressed to the Executive Board (info@eccsw.eu).

- I agree to the processing of my personal data for the purpose of the certification research project.
- I do not consent to the processing of my personal data for the purpose of certification.

City, Date

Signature

I hereby confirm the accuracy and completeness of the information I have provided. I acknowledge that in the case of false information, the certification will expire.

Place, date

Signature

Please send the application with appropriate supporting documents to info@eccsw.eu.

I have enclosed the following proofs:

- Tabular curriculum vitae
- Proof of academic qualifications
- Proof of (previous) employment
- Proof of further training
- Proof of publications, teaching experience, lectures, etc. with a clinical-social work profile
- Signed Declaration of Acceptance of Professional Ethical Principles ECCSW