

## European Centre for Clinical Social Work - Application form for recognition as a Clinical Practitioner (CP-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: \_\_\_\_\_

**Please enclose the certificate with the application.**

### 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).**

## Clinical practical experience and accompanying studies

The ECCSW requires a clinically-oriented Bachelor's degree with a clinically-oriented profile (e.g. in counselling) and a minimum employment (usually 50% of a full-time position) with socio-clinical, counselling, (social) therapeutic tasks or participation in a clinically-oriented Master's programme.

### Higher education

Have you obtained a Bachelor's degree with a social-clinical profile?

Yes

Degree: \_\_\_\_\_  
 Degree programme: \_\_\_\_\_  
 University: \_\_\_\_\_  
 Year of graduation: \_\_\_\_\_  
 Study focus: \_\_\_\_\_

No

### Higher education at master's level

Are you currently in a clinically oriented master's programme?

Degree: \_\_\_\_\_  
 Degree programme: \_\_\_\_\_  
 University: \_\_\_\_\_  
 Year of graduation: \_\_\_\_\_  
 Study focus: \_\_\_\_\_

### Practical experience, to the extent of a 50% position

Institution: \_\_\_\_\_  
 Street & house number: \_\_\_\_\_  
 Postal code & City: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Start of employment: (year/month) \_\_\_\_\_  
 End of employment: (year/month) \_\_\_\_\_  
 Scope of employment (hr/week) \_\_\_\_\_  
 Number of months of employment: \_\_\_\_\_  
 Tasks carried out: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## Postgraduate further and continuing education

Please list on this page all clinically relevant further and continuing education in scientifically based procedures that you have successfully completed or are currently completing since obtaining your Bachelor's degree. The contents will be checked by the ECCSW and, if necessary, conditions will be imposed for a specific supplement (post-qualification).

### Advanced training 1

Degree (title):	_____
Contents:	_____
Start: (year/month)	_____
End: (year/month)	_____
Lessons:	_____
Training site:	_____
Address:	_____
Phone:	_____
Fax:	_____
Mail:	_____

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

### Advanced training 2

Degree (title):	_____
Contents:	_____
Start: (year/month)	_____
End: (year/month)	_____
Lessons:	_____
Training site:	_____
Address:	_____
Phone:	_____
Fax:	_____
Mail:	_____

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

## Costs

- I have transferred the fee of 75 € EUR for certification as "Clinical Practitioner (CP-ECCSW)" to the ECCSW account below at the same time as submitting the application.

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

- I am a member of ECCSW and therefore exempt from charges.

## 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.

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City, Date

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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.

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City, Date

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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.

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City, Date

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Signature

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

**I have enclosed the following proofs:**

- Tabular curriculum vitae
- Proof of bachelor's degree
- Proof of major fields of study (module handbook, curriculum)
- Proof of current master's degree
- Proof of current employment
- Proof of previous employment
- Proof of further training
- Signed Declaration of Acceptance of Professional Ethical Principles ECCSW