

European Centre for Clinical Social Work - Application form for recognition as Clinical Social Worker (CSW-ECCSW).

Status: 20.12.2022

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).

Clinical Social Work Practice Experience - Postgraduate

Practical clinical social work is understood by ECCSW in the meaning of direct work on and with affected people: clients, patients, relatives. This means you can state all verifiable activities you have carried out in connection with psycho-social conflicts, crises, psycho-social disorders, mental illnesses, physical disorders/diseases and in the field of work with people with impairments. This includes counselling (in individual, family and group sessions), crisis intervention, social therapy, outreach work, prevention, rehabilitation, mediation as well as case management (from admission to inpatient facilities, transitional facilities and outpatient measures to evaluation and quality management).

Clinical practice experience

The ECCSW requires postgraduate clinical practice experience of at least 4500 hours; this is equivalent to 3 years of work in a full-time position. For part-time positions, a corresponding time extension applies. Please provide evidence of your clinical practice experience in the next points so that we can acknowledge them.

In the case of **part-time Master's degree courses**, the practical time spent during the course - provided it includes relevant clinical social work activities - is fully credited.

Sum of practical experience

Have you completed at least 4500 hours of social work with clinical tasks after graduation?

- Yes
 No

Practical experience A

Institution:	_____
Street & 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 supporting documents (certificates, confirmations) with the application.

Practical experience B

Institution: _____

Street & 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 supporting documents (certificates, confirmations) with the application.

Practical experience C

Institution: _____

Street & number: _____

Postcode & 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 supporting documents (certificates, confirmations) with the application.

→ If necessary, copy this page and attach the relevant supporting documents.

Self-reflection/self-experience in the group

Please list here the hours of self-reflection or self-awareness required for recognition. The ECCSW requires 50 hours. These can be recognised proportionally as part of the previously listed further education/training or through coaching, self-awareness, self-counselling/therapy in a professional context. You can also cover the required number of hours proportionately through individual supervision - please note, however, that this requires confirmation from the supervisor of a significant proportion of person-related self-reflection. The listed points will be checked by the ECCSW and, if necessary, conditions will be imposed for a specific supplement (post-qualification).

Self-reflection/self-experience 1

Description: _____

Contents: _____

Start: (year/month) _____

End: (year/month) _____

Hours: _____

Training site: _____

Address: _____

Phone: _____

Fax: _____

Mail: _____

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

Self-reflection/self-experience 2

Description: _____

Contents: _____

Start: (year/month) _____

End: (year/month) _____

Hours: _____

Training site: _____

Address: _____

Phone: _____

Fax: _____

Mail: _____

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

Self-reflection/self-experience 3

Description: _____
Contents: _____
Start: (year/month) _____
End: (year/month) _____
Hours: _____
Training site: _____
Address: _____
Phone: _____
Fax: _____
Mail: _____

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

Self-reflection/self-experience 4

Description: _____
Contents: _____
Start: (year/month) _____
End: (year/month) _____
Hours: _____
Training site: _____
Address: _____
Phone: _____
Fax: _____
Mail: _____

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

→ If necessary, copy this page and attach the relevant supporting documents.

Costs

I have transferred the fee of 120.00 EUR for certification as "Fachsozialarbeiter:in für Klinische Sozialarbeit (FS-ECCSW)/ Clinical Social Worker (CSW-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.

City, Date

Signature

Professional ethical principles

The professional ethical principles of the 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 consent 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 event of false information, the certification will expire.

City, 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 the university degree
- Proof of major fields of study (module handbook, curriculum)
- Proof of master's degree
- Proof of current employment
- Proof of previous employment
- Proof of supervision/self-experience
- Signed Declaration of Acceptance of Professional Ethical Principles ECCSW