



**NFTO DATA FORM**

**(Please fill in shaded spaces, use tab to jump to the next)**

**SECTION I<sup>1</sup> - DIRECTORY PRESENTATION**

**Organisation's Full Name in own language:**

**Organisation's Full Name in English:**

**Formal Abbreviation of the Name (in own language and in English):**

**Address**

**e-mail:**

**Website:**

**Telephones:**

**FAX:**

**Board Members**

President:

Secretary:

Treasurer:

Members:

**President's**

Tel:

FAX:

e-mail:

**Representative A:**

Address:

Tel:

FAX:

e-mail:

**Representative B:**

Tel:

FAX:

e-mail:

**Secretary's** Tel:

FAX:

e-mail:

**Treasurer's** Tel:

FAX:

e-mail:

**Do you wish to link your Website to EFTA? Yes  No**

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## SECTION II<sup>2</sup> - DESCRIPTION OF YOUR ORGANISATION

1. **What are the main goals and methods of the Association?**
2. **When was your organisation formed?**
3. **What led to its formation?**
4. **Number of Full Members:**                      **Other categories of Members:**  
    % MDs and Psychiatrists:                      % Psychologists:                      % Social Workers:  
    % Other professionals (specify):
5. **What percent of your full members are considered “accredited therapists”?**
6. **What are the criteria for membership?** (academic background, experience, training, etc)
7. **The members of your Organisation share a main theoretical approach or they vary substantially? Could you say that some approaches prevail? Please comment.**
8. **What are the main target systems with which most of your members spend most of their professional time with?** (rate 1 the most frequently addressed system, 2 the next etc)  
Individuals:  
Couples/Families:  
Groups:  
Large Organizations/Institutions:  
Other:
9. **To what extent the members of your Organisation share common training experiences?** (i.e. have they been trained mostly in few, some or more widely varied training institutes?) **Which institutes are most frequently referred in your members’ training**
10. **Is self therapeutic experience a formal requirement for membership?**
11. **Do you require that this self therapeutic experience is partly within the systemic or family approach?**

2

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E F T A

EUROPEAN FAMILY THERAPY ASSOCIATION  
The Chamber of National Family Therapy Organisations  
- NFTO - Chamber -

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12. In case self therapeutic experience is not a requirement, would you estimate that **most**, **some** or **few** of your members have had substantial therapeutic experience as individuals, family or group members?

13. Is there legal recognition of psychotherapy in your country?

YES  NO  Other

14. Is Family / Systems Therapy recognized formally as one of the acceptable psychotherapeutic approaches?

YES  NO  Other

15. Does Family / Systems Therapy enjoy social recognition?

YES  NO  Some

16. What is the extent and quality of appearance of Family / Systems Therapy in the Media?

17. Is there any particular focus of scientific research in the field of Family / Systems Therapy in your country? If YES, please describe.

18. What is the recent focus of concern of your Association?

19. Please add or attach any information that is helpful in forming a more clear and complete picture of the scope and development

19a. of your organisation

19b. of the state of family and systems therapy in your country

**Thank you for taking the time to fill this form**

Please send completed data form to the NFTO Chair

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