

ECArTE

European Consortium for Arts Therapies Education

APPLICATION FOR MEMBERSHIP FORM

- 1 **Category of membership required**
(please indicate whether you are applying for Full, Associate or Partner membership).

- 2 **Title of Institution of Higher Education / University:**

- 3 **Full postal address:**
(including title of department, telephone and fax number/s and e-mail and web address)

- 4 **Name of Principal / President/ Vice Chancellor / Rector of University**

- 5 **Name of contact person** (with details of their post / position):

- 6 **Title of Course/s in the Arts Therapies given by the above** (please give details of all courses, or in the case of applications for Associate Membership, planned courses, together with the length of the course in years, the title of the award and the level of the award, module titles and credit weighting. Associate Member applicants should also indicate the anticipated start date of the new course/s):

Please attach an A4 sheet summarising the philosophy and structure of your programme/s, the module titles and credit weighting and any special features of the programme to which you wish to draw our attention.

- 7 **Validation arrangements** (if the courses given above are validated or joint validated by institutions other than the institution named in this application please give full details):
- 8 **Student Details** (please give details of student numbers and whether the courses are offered or will be offered as full or part-time, or both):
- 9 **Name/s of person/s who will represent you if membership is granted** (up to two individuals from any one member institution may attend meetings of the Consortium):
- 10 **Is the Institution named in this application formally recognised by ERASMUS - SOCRATES -TEMPUS or other European Union Higher Education Department?**
(Please provide full details and, if possible, copies of correspondence regarding this):
- 11 **Is there an ECARTE Member Institution, which you can name that will endorse your application? We recommend that all applicants provide at least one contact.**
- 12 **Validation and Approval:** Is your course nationally validated and approved? YES / NO.
Please name, below, the organisation/s which validate and approve your course/s.

I have read the membership regulations of ECARTE and testify that to my knowledge the details given in this application are correct.

Signed

Date

(Principal / President/ Vice Chancellor /
Rector of University)

Official Stamp of your University

Please **PRINT name** of Principal/Rector...)

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Applicants for Full and Associate Membership are asked to attach documents which verify their application.

Applicants for Partner Membership are asked to attach copies of documents that establish a 'Legitimate Partnership' with an existing Full member of the Consortium.

Please return your completed and signed application form by post, including your University's official stamp. Thank you.

Sarah Scoble, Chair, ECArTE

Application form, revised.Sept.2010