



Evropski inštitut za Realitetno Terapijo
European Institute for Reality Therapy

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SLOVENIA

AGREEMENT

For member of EIRT Faculty Board

I, the undersigned _____, born on _____,
(Name and surname) (day, month, year)

with address: _____
(Town, post-code, street, house number)

I'm stating that I am familiar with following EIRT documents:

- . Book of regulations about organisation and work of the Faculty board of the European institute for Reality Therapy
- . Regulations of educational standards, criteria for obtaining faculty status and titles of the EIRT
- . Regulations about educational standards and criteria for obtaining PRT title
- . Regulations EIRT about appeals procedure for training participants
- . Code of ethics EIRT
- . Statute EIRT

I'm stating that I accept the whole of these documents, and responsibilities that are stated within.

Place and date:

Signature:
