



Evropski inštitut za Realitetno Terapijo
European Institute for Reality Therapy

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SLOVENIA

EIRT-1 form

STATEMENT

on accepting the conditions of the training and ethical standards of EIRT

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

residing in/on _____
(street name, house number, postal code, city)

am familiar with the provisions of the following acts:

- EIRT Book of Regulations for Training Standards and Conditions for Obtaining the Title of Reality Therapy Psychotherapist
- EIRT Code of Ethics
- EIRT Complaints and Appeals Procedures

I hereby declare that I accept the conditions of the training and ethical standards.

Place and date:

Signature: