



EUROPEAN CLINICAL SPECIALIZATION FLUENCY DISORDERS

# APPLICATION PROCEDURE

## STEPS

1. Complete the application form and addenda.
2. Add a copy of the diploma of your highest qualification and your identity card.
3. All documentation needs to be completed in English.
4. Email all these documents in one Pdf to [kurt.eggerts@thomasmore.be](mailto:kurt.eggerts@thomasmore.be)  
OR send by mail to: ECSF secretariat  
to dr. Kurt Eggerts  
Molenstraat 8  
2018 Antwerp  
Belgium
5. Applicants of non-EU countries need to document their knowledge base with a transcript of records and a short phone- or Skype-based interview.
6. Applicants will receive a notification after receipt of documents.
7. Selected candidates will receive an invitation to officially register for the ECSF-course.
8. Registration is final after payment of registration fee. This fee is not refundable.
9. About three months before the start of the first intensive week, participants will receive the course manuals, access to the online learning platform, a list of selected candidates, and accommodation information.



EUROPEAN CLINICAL SPECIALIZATION FLUENCY DISORDERS

SEND TO:

[kurt.eggerts@thomasmore.be](mailto:kurt.eggerts@thomasmore.be)

OR

dr. Kurt Eggerts  
ECSF Coordinator  
Molenstraat 8  
2018 Antwerp Belgium  
T 0032 491 56 36 11

# APPLICATION FORM\*

## PRIVATE

Title: Mr. / Ms. / Mrs.

First name: ..... Family name:.....

Date of birth:..... /..... /..... (dd/mm/yyyy) Nationality:.....

Street: ..... Nr:.....

Postal code: ..... City:..... Country:.....

Tel: ..... E-mail: .....

*Only for persons of Belgian nationality:*

*Place of birth: ..... Rijksregisternummer: .....*

## PROFESSIONAL

Position: .....

Organisation: ..... Department: .....

Street: ..... Nr: .....

Postal code: ..... City: ..... Country: .....

Tel: .....

Years of professional experience: .....

## EDUCATIONAL

Highest qualification: Bachelor / Master / Licentiaat / other

Institute: ..... Country: ..... Year: .....

Full name of qualification: .....

Additional qualifications: .....

\* Only use capitals



## Addendum 1: Motivation letter

Describe in max. 500 words (English) your motivation for taking part in this specialization course.

## Addendum 2: Mentor proposal

The ECSF-mentor is an SLT specialized in fluency disorders with proved evidence of continued professional development in the last 5 years (see <http://ecsf.eu/userfiles/files/Mentoring.pdf>).

After contacting the possible mentor about his/her willingness to mentor, the applicant suggests 1 (or 2 in case of insufficient hours) persons (ideally in his/her own country) who could take on the role of mentor. The mentor's primary role is to provide guidance and support to the trainee based on his or her unique developmental needs.

The mentor will need to be approved by ECSF.

### **Mentor proposal 1**

Title: Mr. / Ms. / Mrs.

First name: ..... Family name:.....

Street: ..... Nr:.....

Postal code: ..... City:..... Country:.....

Tel: ..... E-mail: .....

### **Mentor proposal 2**

Title: Mr. / Ms. / Mrs.

First name: ..... Family name:.....

Street: ..... Nr:.....

Postal code: ..... City:..... Country:.....

Tel: ..... E-mail: .....

## Addendum 3: Clinical plan

Participants are required to do 120 hours of clinical work consisting of a minimum of 100 hours of therapy with a minimum of 5 clients (individual therapy, group therapy, family guidance) and a maximum of 20 hours of observation. It can start after the first intensive week. This clinical training is supervised by an external mentor and an ECSF-coach (see <http://ecsff.eu/userfiles/files/MODULE%202%20%20%202010%20ECTS.pdf>).

Describe in max. 300 words (English) your plan to meet the required hours.

Addendum 4: Curriculum Vitae

Addendum 5: Diploma

Add a copy of the diploma of your highest qualification.

Addendum 6: ID card

Add a copy of your identity card.