

ECArTE

European Consortium for Arts Therapies Education

Membership

The Consortium was established in 1991 with assistance from ERASMUS. Accordingly, membership is linked to recognition by the European Union of Institutions of Higher Education. Currently the Consortium has three categories of membership.

Full Member

Full Membership is offered to Institutions of Higher Education / Universities that provide nationally-validated courses in the Arts Therapies. Such Institutions must be formally recognised as such by appropriate European Union (EU) authorities, such as ERASMUS. Only Full Members have voting rights and the right to hold office on the Executive. Each Full Member Institution has one vote only.

Associate Member

Institutions of Higher Education / Universities in the process of developing courses in the Arts Therapies as described above may join the Consortium as Associate Members and thereby benefit from the experience and expertise offered by the Consortium. Normally, Associate Membership will be granted for a maximum of four years following which it is anticipated that they will apply for Full Membership.

Partner Member

Partner Membership may be given to Institutions of Higher Education / Universities that do not qualify for either full or Associate Membership but that hold a legitimate partnership involving the Arts Therapies with a full member/s of the Consortium. By 'Legitimate Partnership' we mean a formally agreed contractual arrangement - e.g. a franchise arrangement, within the area of Arts Therapies education / training.

Associate and Partner Members will be invited to attend all General Assembly meetings of the Consortium including all activities that take place during the General Assembly. They do not, however, have the right of representation on the General Assembly (i.e. they do not have voting rights) and cannot hold office on the Executive.

Membership Fees

The Annual Membership Fee will be reviewed each year at the General Assembly Meeting and will be determined by the Executive. The same membership fee will be applicable to all three categories of membership. The Annual Membership Fee covers a full calendar year (January to December) and must be paid by 1st June of any one year. The Membership Fee for the current year (2012) is 700 euro.

Once an institution's membership has been ratified by the Consortium, costs for one person incurred during General Assembly meetings (including hotel accommodation and meals) will be included in the Annual Membership Fee. Travel costs will be reimbursed by the Consortium for Member Representatives attending a General Assembly.

Notes regarding an application

All applications should be made on an ECArTE Application Form for Membership. These are available from Members of the Executive Board.

All applicants are asked to submit documentation regarding validation of courses and educational and professional recognition of awards with their application.

All applicants are asked to seek and include, wherever possible, endorsement of their application from an existing ECArTE Member Institution.

Applicants for Partner Membership must be endorsed by the partner/s who are existing Full Members of the Consortium.

Decisions regarding membership applications will normally be taken during a General Assembly of the Consortium and the applicant will be invited to send a representative to present their application at that meeting.

Application forms and all enquiries should be sent to:

***Richard Hougham, Co-ordinator ECArTE,
Central School of Speech & Drama,
Embassy Theatre, 64 Eton Avenue,
Swiss Cottage, London, NW3 3HY, UK***

Email: r.hougham@cssd.ac.uk

Telephone: 0044 (0)20 7559 3915

MEMBERS OF THE EXECUTIVE BOARD 2010

Chair	Sarah Scoble, University of Worcester, Exeter, United Kingdom
Vice-Chair	Paivi-Maria Hautala, Satakunta University of Applied Sciences, Pori, Finland
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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.JULY012