



Application for Ordinary Membership Applicant

Profile: Participating institution

Full name of institution:	
Full name of institution in English:	
Street:	
Town:	
Country and zip / postcode:	
Website address of University:	
Full name of Head of Occupational Therapy:	
Email contact address of Head of Occupational Therapy:	
Name of person who is going to be the ENOTHE Representative:	
E-mail contact address of ENOTHE representative:	
Is your institution approved by WFOT?	Yes / No
If the answer above is No, have you applied for WFOT approval yet? <i>(Please give details about when application was made or intend to be made)</i>	

Number of full time and part time academic staff in the Occupational Therapy department:	
Are there any academic staff who are considered to be experts in areas or specialisms? Please state name of academic staff member/s and area of expertise/specialism:	

Total number of Occupational Therapy students:	
Any other comments:	

Criteria for Full Membership

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| <ul style="list-style-type: none"> • Must be running accredited OT programmes (at least diploma, preferably bachelor degree programme) in Europe • With interest in and committed to the objectives of ENOTHE • WFOT approved or at least application submitted to WFOT, awaiting decision • Implement TUNING and the competences therewith. |
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The membership fee is €500

(The fee may be lower based on the World Bank income classification, kindly see www.enothe.eu)

Those eligible for ordinary membership are able to vote at the Annual General Assembly.

After receiving your application we will then you a link to make payment for ENOTHE membership via our online shop.

DECLARATION:

By signing the form in the space provided below, you consent to commit to the general aims and objectives of ENOTHE, be active in your participation in ENOTHE via meetings, questionnaires etc. and to comply with the membership fee payment, which may increase annually. The membership year runs from January 1st till December 31st.

Please note by paying 2018 membership fees you agree to the terms and conditions of the [association constitution](#).

Name of the Head of the School/Head of Department.....

Date.....

FOR USE BY ENOTHE BOARD ONLY

Accepted By:	
Signature:	
Date:	