



Questionnaire for Contributing (Association/ Institution) Membership Applicant

Profile participating organisation

Please give full details

Date of completing this form		
Full legal name of organisation:		
Full name of organisation in English:		
Street:		
Town:		
Country code:		
Contact person:	(last name)	
	(first name)	
Title and position in the organisation:		
Phone: (including national + regional prefixes)		
E-mail:		
Website:		

Activities of the Association/ Organisation:	
Number of Occupational Therapists present:	
Collaborating with which University?	
Research Activities Please name research areas/subjects:	

Your aims and interests in ENOTHE

Themes of ENOTHE: We are interested in:	very	moderate	Not interested
I. Tuning and quality assurance in OT education, Research and Practice			
II. International Peer Review System			
III. Developments in Occupational Science			
IV. Teaching Methods (e.g knowledge transfer, theory and practice, E-learning etc)			
What are your expectations of ENOTHE?			