**NAME of the institution: ...............................................................................**

**Full address: ………………………………………………………………………………………**

**Website :** www ...................

**Name of the person responsible for ECETT contacts: ......................................................... ..**

**Phone : ........................................... E-mail : ............................ @ ............................ Skype ID: ..................................**

**PIC code[[1]](#footnote-1) ...............................**

**area:** *Please check the activities for which the above institution has expertise or experience (you can add items if they are missing)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDICTIONS** |  | **SOCIAL WORK** |  | **YOUTH** |  | **EDUCATION** |  | **PROFESSION INSERTION.** |  | **NETWORKING**  |  |
| Risk reduction |  | Global support |  | Early childhood |  | Preschool |  | Organ. Insert ° Socio Pro. OISP |  | Families |  |
| Substitution |  | Welfare |  | Adolescence |  | Primary school |  | Company formation Work |  | Other services |  |
| Weaning |  | Housing |  | Help Open Environment |  | Secondary school |  | Strengthen self-esteem  |  | Deontology,  |  |
| "Chronic disease" approach (DO) |  | Public multi-problem |  | Street Educators |  | Professional education |  | Enhance motivation |  |  |  |
|  "Revalidation" approach (KINGS) |  | SDF |  | Houses Home |  | CEFA |  | Mobility Assistance |  |  |  |
| Ambulatory monitoring |  | Immigration |  | Accompagnem devices. |  | Integr. teach. specialized  |  | Unemployment system  |  | **RESEARCH** |  |
| Day Centre (Group) |  | Public allochtone |  | Animation techniques |  | PMS |  | Relationship with employers |  | Quality approach" |  |
| Residential Centre |  | Prostitution |  | Inter-sector work |  | Cultural mix |  |  |  | Impact studies |  |
| Assistance to families |  | Mental Health |  | Juvenile offenders  |  | School shake |  |  |  |  |  |
| Reintegration |  | Female audience |  | Preparation for "after" |  | Situations of poverty |  | **TEAM MANAGEMENT** |  |  |  |
| Addicts + children |  | ... |  |  |  | Reorientation |  | Teamwork organisation |  |  |  |
| Alcoholics |  | ... |  |  |  | Partner parents |  | Staff motivation |  | **OTHER** |  |
| Dual diagnoses |  |  |  |  |  | Interdisciplinary work |  | Coaching & supervision |  |  |  |
| Incarcerated addicts  |  |  |  | ... |  |  |  | Staff training |  |  |  |
| Drug prevention |  |  |  | ... |  |  |  | Volunteer work |  |  |  |
|  |  |  |  |  |  |  |  | Management, Governance |  |  |  |
|  |  |  |  |  |  | .... |  | Project financing |  |  |  |
|  |  |  |  |  |  |  |  |  Construc. & project mgmnt |  |  |  |

 **comments:**

**Statement catalog Hosts:**

**Logo (JPEG) - pasted 2 Institution photos (JPEG) - pasted**

**Opening days and hours (if relevant): ..................................**

**Partner or affiliate: ..........................................................**

**Description of activities (max 15 lines):**

**MISSION:**

**SERVICES:**

**The partner institution mentioned above says:**

*(Note: to be an associate member of the network, the first 3 criteria must be achieved at least.)*

|  |  |
| --- | --- |
| *Check the box on the right - thank you* | **Yes No** |
| 1. Adhere to the ethical code of Ecett, the admission criteria and rules of Ecett exchange described in [Ecett/about us/related document](https://www.ecett.eu/?page_id=4241&lang=en)
 |  |
| 1. Be recognized by a competent authority for occupational sector. Which one ?: …………..............................
 |  |
| 1. Have given a presentation of its service that will be published in the Ecett Hosts catalog. (Page 2 of the form)
 |  |
| 1. Have written a good practice implemented in the institution (to be validated by Ecett for publication in the BP database).
 |  |
| 1. Be able to communicate in English.
 |  |
| 1. Operate for a minimum of 5 years.
 |  |
| 1. Commit to staff during Ecett training
 |  |

|  |  |
| --- | --- |
| **SIGNATURES:** **Partner institution**Name, date and place: .....................................................................  |  **Ecett- Networks (Asbl) Representative**  |
| Signature:……………………………………………………………………… |  Signature: .................................................................. .. |  |

**This document (3 pages) must be completed, signed and scanned to be returned to Ecett-Networks:** **contact@ecett.eu**

1. If possible - to get (identification formality for Europe and is free of charge): <http://aef.makemeweb.net/aller-loin/erasmus/obtenir-un-code-pic/> [↑](#footnote-ref-1)