

Curative Education and Social Therapy Council  
International Training Circle  
Medical Section  
Goetheanum – School of Spiritual Science

## Portfolio Questionnaire

Version adopted on May 4, 2017

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# Portfolio Questionnaire

Medical Section, School of Spiritual Science  
Curative Education and Social Therapy Council  
International Training Circle

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## 1. Training / Professional Education Center

Name (in original language): .....

Name (English translation): .....

Legal / Corporate Entity: .....

Founded in (year): .....

Street: .....

Country/Post Code/Town: .....

Phone: .....

Fax: .....

Email: .....

Website: .....

Contact Person: .....

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## 2. Application for Recognition as

- Full Professional Training
  - Continuing / Further Professional Education
  - Foundation Course
- Application for
- Initial Certification
  - Recertification
  - Single Program Cycle (program only conducted one time)
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## 3. Scope and Goals of Professional Education / Training

We educate professionals for the following fields of work related to curative education and social therapy:

(If you are offering several distinct programs, please complete a separate questionnaire for each type of program.)

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(eg. professionals in early intervention, teachers, therapists...)

A statement of our program vision / mission is enclosed.

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#### 4. Who Can Participate in the Program?

What prior education is required for admission (minimum requirements)?

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Are applicants required to hold a prior professional qualification? Yes / No

Does the admission process include a personal interview? Yes / No

Is there an entrance examination? Yes / No

What is the minimum age for enrollment? ..... Years

Do applicants have to complete an internship / practical experience prior to enrolling? Yes / No

Minimum length of required internship / practice? ..... Weeks / Months / Years

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Any other prerequisites for admission?

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#### 5. Program Implementation

How long does the program take to complete? ..... Years

How many program cycles do you run concurrently? .....

How many places for students do you offer in total? .....

What are the required hours for completion of the entire program?

Academic subjects: ..... lessons @ 45 min / 60 min

Artistic subjects: ..... lessons @ 45 min / 60 min

Supervised practice: ..... lessons @ 45 min / 60 min

Practical experience: ..... lessons @ 45 min / 60 min

Other areas: ..... lessons @ 45 min / 60 min

What curriculum does the program follow? (Please attach the curriculum or a summary.)

What individual support and guidance do students receive (e.g. mentoring)?

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How are students able to participate in shaping and developing the program?

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## 6. Certificates and Diplomas

a. Is successful completion of the program based on an internal or externally mandated (e.g. state mandated) method of examination?

- No examination process
- Internal examination process
- Examination mandated by a public or academic entity

Please attach a description of the examination process and contents.

b. Graduates of the program receive state certification in the following profession (original title):

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c. Graduates of the program are entitled to work in the following fields/capacities:

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d. How many students have successfully completed the program in the last three years?

Year : ..... Year : ..... Year : .....

Please enclose a sample copy of the certificate.

Graduates of the program are qualified to enroll in the following types of further professional training / education:

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## 7. Faculty

Who makes up the leadership of your professional education / training entity?

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Please include a list of your faculty, structured as follows:

	Name	Profession / Academic Degree	Responsibilities
Permanent Faculty			
Regular Guest Instructors			

### 8. Quality Development

Are you working with an instrument of quality development? Is your professional education / training center certified through a particular process?

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### 9. Collaboration / Networking

Which other professional education / training centers do you collaborate with? In what form?

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Which professional education / training networks are you a member of (e.g. national associations)?

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In which committees, working groups or networks related to professional education do you carry an active role (eg. board membership)?

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## 10. List of Enclosures

- Vision / Mission Statement
  - Curriculum
  - Documentation of Financial Basis (e.g. Annual Financial Statements)
  - History of the Professional Education / Training Center (only for initial certification)
  - Brochures
  - Organizational Chart
  - Certificates of State and / or Academic Recognition
  - Documentation of the Examination Process
  - Sample Certificate / Diploma
  - List of Faculty and Staff
  - Annual Reports
  - Response to Recommendations (only for recertification)
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Additional Remarks:

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