

Data Collection and Commission for an entry in the “Garden Therapy Map” on the IGGT homepage

1. Name of institution/company

Please enter the name of the *institution* or the garden or the project here, as it should be named on the map

(e.g. “Therapy Garden St. Maria” or “Green Thumb Müller Garden Therapy”)

name/*institution*

street

country

zip code _____

city

phone number

e-mail

url/homepage

2. Horticultural therapy forms

Please indicate the areas in which you are active in garden therapy from the list below

Multiple entries are possible. All focal points are listed. *Please prioritize the main points with the numbers 1-4 according to importance.* For technical reasons, the graphical overview of the map only shows the *number 1 displayed* as a flag on the map.

No. ___ Garden therapy working with children and adolescents

No. ___ Horticultural Therapy in Rehabilitation, Forensic Science or Psychiatry

No. ___ Horticultural therapy working with disabled people

No. ___ Garden therapy working with elderly people

Please classify the offer here, if possible. Multiple entries are possible:

Garden therapy with: **outpatients** ___ **part inpatients** ___ **inpatients** ___

Other areas: _____

Free text input:

Further details:

3. Contact person

Please enter the name of **a person** working at the facility who can give competent information about your garden therapy offer.

name/person _____
street _____
country _____
zipcode _____ *city* _____
phone number _____
e-mail _____
url/homepage _____

4. Further information on your garden therapy offer:

Here you have the opportunity to describe further information about your therapeutic concept, approaches, methods and offers in free text. This information will be published in addition to your location:

5. Information on the therapy garden (if available)

Here you have the opportunity to provide additional information about your garden in free text. This information will be published in addition to your location:

For queries from the IGGT office:

sender's name _____
e-mail _____
phone number _____

With my signature, I agree to the publication of the above information on the homepage ww.iggt.eu under the menu item "Map of garden therapy projects". Upon written request, I have the right to have the information deleted at any time (right to be forgotten).

Place, Date

Name

Signature