



European Association for Gestalt Therapy
Established 1985

EAGT - Office
Noorderdiep 304 F +31 (0) 84 719 3196
9521 BL Nieuw Buinen P +31 (0) 599 614 661
The Netherlands E eagtooffice@planet.nl

Name of Bank ABN / AMRO
Address of Bank P.O. Box 18
Place of Bank 9500 AA Stadskanaal
Country of Bank The Netherlands
Bank Account 60.38.68.053
BIC (Bank Identifier Code) ABNANL2A
IBAN (International Bank Account Number) NL05ABNA0603868053

APPLICATION FORM FOR INDIVIDUAL MEMBERS

OVERVIEW OF THE MINIMA OF ALL EDUCATIONAL PARTS:

EDUCATION PARTS	MINIMAL HOURS** EXPLAINED:
1.Theory & Methodology	minimal 600 hours
2.Clinical practice	400 hours
3.Supervision	150 hours, where from (minimal) 50 hours in individual setting
4.Personal therapeutic experience	minimal 250 hours where from 50 hours in individual setting
5.Free choice*	50 hours

(*additional methodology, theory, supervision, personal therapy, participation or presentation in conferences)

(** hours are clock hours [60 minutes] for elements in group setting and 50 minutes for individual setting)

PERSONAL DATA:		
Last Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name:		
Complete address:		
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	
Highest preparatory education: (enclose a copy of certificate)		
Additional prior education: (enclose a copy / copies of certificate)		

PROFESSIONAL GESTALT EDUCATION DATA: (enclose a copy of certificate)	
Name of Training Institute (TI):	
Complete address of TI:	
E-mail:	Website:
Name Coordinator / Director of TI:	
Is the TI accredited by EAGT ? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Or

PROFESSIONAL GESTALT MEMBERSHIP DATA: (enclose a copy of certificate of your Ordinary Membership of the NOGT)	
Name of NOGT (National Organization for Gestalt Therapy):	
Complete address of NOGT:	
E-mail:	Website:
Name President of NOGT:	
Is the NOGT accredited by EAGT ? <input type="checkbox"/> YES <input type="checkbox"/> NO Accreditation year:	

▶▶ When the answer to one of the above listed questions is **YES**, you do not need to fill in the questions below. Proceed and finish by going directly to the signing part! ◀◀

When the answer to both above listed questions is NO and/or you graduated before the accreditation:

- Please proceed filling in the questions below
- Please add copies of certificates per finished part
- Please see to it your coordinator of the TI (counter) signs this form as well at the bottom of this form
- Please mention other Institutes in case you are trained at multiple TI's (TI which trained you for the biggest part in hours (counter) signs this form at the bottom of this form).

1). Theory and Methodology (600 clock hours). Mention below ▼ per part the name of your trainer(s) Number of hours

1 History and roots of Gestalt therapy:.

Philosophy; anthropology; psychoanalysis; existentialism; phenomenology; Gestalt theory; Eastern philosophies

Name of trainer(s)	
--------------------	--

2 Theory of Gestalt therapy:

Organism/environment field; figure/ground resolution; contact-withdrawal experience; theory of self; awareness/consciousness; polarities; resistances; therapeutic process

Name of trainer(s)	
--------------------	--

3 Human organism and environment:

Theory of personality; health and sickness; child development; person in society

Name of trainer(s)	
--------------------	--

4 Techniques of Gestalt therapy:

Experiment; amplification; dreamwork etc

Name of trainer(s)	
--------------------	--

5 Diagnosis:

Differential diagnosis; DSM IV; psychodynamic diagnosis; Gestalt diagnosis

Name of trainer(s)	
--------------------	--

6 Different clinical approaches:

Neurosis; psychosis; borderline; psychosomatic; addictions

Name of trainer(s)	
--------------------	--

7 Fields and strategies of application:

Individual; couple; families; groups; addictions; therapeutic communities; organisations etc.

Name of trainer(s)	
--------------------	--

8 The Gestalt therapist in the therapeutic relationship:

Transference; counter-transference; dialogue; contacting

Name of trainer(s)	
--------------------	--

9 Principles and applications of ethics:

Name of trainer(s)	
--------------------	--

Total of hours

--

THE SPACE BELOW CAN BE USED TO RECORD ANY OTHER RELEVANT TRAINING EXPERIENCE		
Topic:	Number of hours:	Name of trainer:
Topic:	Number of hours:	Name of trainer:
Topic:	Number of hours:	Name of trainer:

SUPERVISION (150 clock hours). Mention below ▼ per part names of supervisor and therapist

Number of hours

2. Clinical Practice (mention here also were you've got clinical practice) YES NO

Supervised practise as Gestalt therapist with actual clients, not fellow trainees

Name of institute(s) where you worked	
---------------------------------------	--

3. Group/Individual supervision YES NO

Supervision can be done in individual and/or in group setting.

Name of supervisors	
---------------------	--

4a. Personal Gestalt therapy YES NO

In individual setting, parallel, before or after Gestalt training

Name of therapist(s)	
----------------------	--

4b. Personal experience in Gestalt therapy YES NO

In group setting parallel, before or after Gestalt training

Name of trainer(s) / therapist(s)	
-----------------------------------	--

5. Free choice YES NO

Name of trainer(s)	Total of hours	
--------------------	-----------------------	--

EXPLANATION OF FREE HOURS:	
1:	Number of hours:
2:	Number of hours:
3:	Number of hours:

PUBLICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO Please record below title of any relevant published articles, papers or books
1:
2:
3:

- Please add written information about the qualification of your trainer(s), therapist(s) and supervisor(s);
- Please add a brochure of your TI and the curriculum.

- I confirm that I was trained in Gestalt therapy according to standards which comply with the standards of EAGT.
- I have read and agree to the code of ethics of the EAGT. I am not currently the recipient of a complaint.
- I hereby certify that the above information is correct to the best of my knowledge and belief.

Date:

Place:

Signature applicant:

Counter Signature Coordinator TI
 (only needed in case the TI is not accredited)