



European Association for Gestalt Therapy
Established 1985

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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

RE-REGISTRATION FORM FOR INDIVIDUAL MEMBERS

OVERVIEW OF THE MINIMA OF RE-REGISTRATION:

RE-REGISTRATION PARTS	MINIMAL NUMBER OF HOURS:
1. Supervision	20 hours
2. Refresher courses*	30 hours
3. Intervision **	50 hours

(* congresses, seminars, courses and/or workshops)

(** participating in a group of colleagues around the own work as therapist or teaching about gestalt therapy, writing about gestalt therapy, scientific work)

PERSONAL DATA:

Last Name: male female

First Name:

Complete address:

Date of birth: Place of birth: Country of birth:

E-mail: Website:

Registration (=certificate) number: Professionally still active as Psychotherapist: YES NO

Membership of Professional Gestalt Organisation(s) (complete address):

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Please enclose copies of:

- § A testimony, with signature of supervisor, for 20 hours supervision (example on last page).
- § 30 hours refresher courses.

TESTIMONY

Concerning intervision regarding re-registration

Yours truly declares s/he participated in the intervision group existing of the hereafter named members:

- 1) Name Signature
- 2) Name Signature
- 3) Name Signature
- 4) Name Signature
- 5) Name Signature
- 6) Name Signature

S/he participated in this intervision group in the following period:

From: till

The total number of attended intervision groups in the above mentioned period is:

Period of time per participation:

Place: Date:

§ I confirm I took a continuous education which covered at least 100 hours, which is divided as above mentioned to comply with the standards of EAGT.

§ I 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:

TESTIMONY
Individual supervision

Yours truly:

Registered as (learning)supervisor at..... registration number:

Hereby declares s/he gave supervision to:

Name supervisee:

.....

Number of sessions: Time per session:.....

From: till

Place:..... Date:.....

Signature supervisor:.....

Signature supervisee:.....