

APPLICATION FORM FOR SUPERVISORS

PERSONAL DATA:		
Last Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name:		
Complete home address:		
Complete business address:		
Please list me on EAGT's website with:		home address <input type="checkbox"/> business address
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	

Have you passed a specific Gestalt therapy supervisors training program by an accredited EAGT-TI which has covered 50 hours of teaching about supervision of psychotherapists and 25 hours of hypervision? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Training Institute (TI):	
Complete address of TI:	
E-mail:	Website:
Name Coordinator / Director of TI:	
I am an EAGT full member since:	
I am ECP holder since:	
I am an full member of a by EAGT accredited NOGT since:	

►► If you have been trained as supervisor by an EAGT accredited Training Institute you do not need to fill in the questions below (encl. copy of certificate). Proceed and finish by going directly to the signing part! ◀◀

When you are not trained as supervisor by an EAGT accredited Training Institute:

- Please proceed filling in the questions below
- Please enclose copies of certificates

1. Are you at least for 8 years a full member of EAGT or of an accredited NOGT or Supervisor in an EAGT accredited Training Institute? YES NO

2. Can you prove that you are able to combine theory and practice of Gestalt therapy in writings or presentations in conferences or workshops? (enclose a copy(ies) of certificate(s) and/or presenting conferences/workshops) YES NO

3. Complete the application with 2 recommendation letters from 2 full EAGT members (which can be found through this link <http://www.eagt.org/joomla/index.php/2016-02-25-22-21-15/list-of-members/individual-eagt-members>)

- 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.

I have read and agree to the privacy statement of the EAGT.

Date:

Place:

Signature applicant: