

RE-REGISTRATION FORM FOR INDIVIDUAL MEMBERS
please read also re-registration requirements which can be downloaded from our web

OVERVIEW OF THE MINIMA OF ALL EDUCATIONAL PARTS:

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

^a supervision in Gestalt Therapy approach)

(* congresses, seminars, courses and/or workshops In Gestalt Therapy field)

(** 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 <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 <input type="checkbox"/>
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	
Registration (=certificate) number:	Professionally still active as Psychotherapist: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you're an EAGT accredited supervisor please fill in the next question →	Are you still active as Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Membership of Professional Gestalt Organisations(s) (complete address):		

Please enclose copies of:

- A testimony: with signatures of supervisor, for 20 hours supervision (example on last page)
 - 30 hours of 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 abovementioned 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.**
- I have read and agree to the privacy statement of the EAGT.**

Date: _____ Place: _____

Signature applicant:

TESTIMONY

Individual supervision mainly in Gestalt Therapy Approach

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:.....