



APPLICATION FOR THE GESTALT COACHING PROGRAM

DIRECTORS

DAVID HENRICH, LCSW

MARY LOU SCHACK, PH. D.

PHILIP LICHTENBERG, PH. D.

Please complete this application and send it to:

The Gestalt Therapy Institute of Philadelphia
P.O. Box 961
Bryn Mawr, PA 19010-0961

Your application must be accompanied by a nonrefundable fee of \$100. Please make checks payable to The Gestalt Therapy Institute of Philadelphia

Please indicate the training year for which you are applying: _____ to _____

Name _____ Date of Application _____

Home Address _____ Date of birth _____

City _____ State _____ Zip _____ Home phone _____

Work Address _____ Work phone _____

City _____ State _____ Zip _____ Email _____

Are you currently in a training program? If yes, please designate the program:

Please answer the following on a separate page or pages.

1. Outline your educational training (including degrees, fields of study, professional training, management training, etc.).
2. Summarize your professional work experience (including the positions you have held in each situation).
3. Have you ever been involved in a coaching process? What type(s) and how long? What was it like for you?
4. Describe an important influence in your development as a professional.
5. How do you think the Gestalt Coaching program will help you in your professional career?

You will be contacted to schedule an interview after all materials have been received and reviewed. Your application will be complete following the faculty interview.