

THE G E S T A L T T H E R A P Y
I N S T I T U T E O F P H I L A D E L P H I A

P. O. BOX 961 - BRYN MAWR PA 19010-0961 - PHONE/FAX: 610 519-1300

APPLICATION FOR GESTALT THERAPY TRAINING PROGRAM

Name _____

Date of Application _____

Home Address _____

Date of Birth _____

City _____ State _____ Zip _____

Home Phone _____

Work Address _____

Work Phone _____

City _____ State _____ Zip _____

Fax Number _____

E-Mail Address _____

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

Please answer the following questions on separate sheets of paper.

1. Outline your professional training (include degrees, institutions, dates, practica or internships, major fields of study, and relevant postgraduate training).
2. Summarize your professional work experience (including what you have done at each place).
3. Have you ever been in psychotherapy? 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 Therapy training program will help you professionally?

6. List three references who know you and your work. Please have each person either fax, e-mail (administrator@gestaltphila.org) or mail their letter of reference to the GTIP office.

After your application and references have been received, your application will be reviewed by the faculty. You will be contacted by a faculty member to arrange an interview.

The application process will be complete following the interview.

NOTE: Submit this application with a check for a nonrefundable application fee of \$75.00 payable to The Gestalt Therapy Institute of Philadelphia. Mail the completed application and check to the address above.