



European Association for Gestalt Therapy
Established 1985

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APPLICATION FORM FOR EWAO PURPOSE

OVERVIEW OF THE MINIMA OF ALL EDUCATIONAL PARTS:

EDUCATION PARTS	MINIMAL HOURS** EXPLAINED:
1.Theory & Methodology	minimal 600 hours
2.Clinical practice	minimal 400 hours
3.Supervision	minimal 150 hours
4.Personal therapeutic experience	minimal 250 hours where from 50 hours in individual setting
5.Free choice*	50 hours

(*additional methodology, theory, supervision, personal therapy, participation or presentation in conferences)
(** hours are clock hours [60 minutes] for elements in group setting and 50 minutes for individual setting)
(more information can be found in the training standards paper, see section downloads)

PERSONAL DATA:

Last Name: male female

First Name:

Complete address:

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

E-mail: Website:

Highest preparatory education:
(enclose a copy of certificate)

Additional prior education:
(enclose a copy / copies of certificate)

PROFESSIONAL GESTALT EDUCATION DATA: (enclose a copy of certificate)

Name of Training Institute (TI):

Complete address of TI:

E-mail: Website:

Name Coordinator / Director of TI:

Is the TI accredited by EAGT ? YES NO

▶ When the answer to the above question are all **YES**, you do not need to fill in the questions below. Proceed and finish by going directly to the signing part! ◀◀

When the answer to the above question is NO?:

- Please proceed filling in the questions below
- Please add copies of certificates per finished part
- Please see to it your coordinator of the TI (counter)signs this form as well at the bottom of this form
- Please mention other Institutes in case you are trained at multiple TI's (TI which trained you for the biggest part in hours (counter)signs this form at the bottom of this form).

1).

Theory and Methodology (600 clock hours). Mention below ▼ per part the name of your trainer(s) Number of hours

1 History and roots of Gestalt therapy:

Philosophy; anthropology; psychoanalysis; existentialism; phenomenology; Gestalt theory; Eastern philosophies

Name of trainer(s)	
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2 Theory of Gestalt therapy:

Organism/environment field; figure/ground resolution; creative adjustment; model of change; authenticity; contact-withdrawal experience; theory of self; awareness/consciousness; polarities; resistances/contact interruptions; therapeutic process

Name of trainer(s)	
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3 Human organism and environment:

Theory of personality; health and sickness; child development and contemporary infant research; person in society

Name of trainer(s)	
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4 Techniques of Gestalt therapy:

Experiment; amplification; dreamwork etc

Name of trainer(s)	
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5 Diagnosis:

Differential diagnosis; DSM IV; psychodynamic diagnosis; Gestalt diagnosis

Name of trainer(s)	
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6 Different clinical approaches:

Gestalt perspective of psychopathology; neurosis, psychosis, personality disorders (borderline, narcissism, dependent, histrionic, etc), anxiety-, mood-, eating- and psychosomatic disorders, addictions comparative approaches

Name of trainer(s)	
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7 Fields and strategies of application:

Individual; couple; families; groups; addictions;therapeutic communities; organizations etc.

Name of trainer(s)	
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8 The Gestalt therapist in the therapeutic relationship:

Gestalt perspective of transferring, counter transferring; dialogue, contacting, I-thou relationship, co-creation and inter-subjectivity

Name of trainer(s)	
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9 Principles and applications of ethics:

Name of trainer(s)	
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Total of hours

The total number of hours of the above does / does not¹ meet the requested number of hours of the EAGT Training Standards.

THE SPACE BELOW CAN BE USED TO RECORD ANY OTHER RELEVANT TRAINING EXPERIENCE

Topic: Number of hours:Name of trainer.....

Topic: Number of hours:Name of trainer.....

Topic: Number of hours:Name of trainer.....

SUPERVISION (150 clock hours). Mention below ▼ per part names of supervisor and therapist

Number of hours

2. Clinical Practice (mention here also were you've got clinical practice) YES NO

Supervised practise as Gestalt therapist with actual clients, not fellow trainees

Name of institute(s) where you worked	
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3. Group/Individual supervision YES NO

Supervision can be done in individual and/or in group setting.

Name of supervisor(s)	
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4a. Personal Gestalt therapy YES NO

In individual setting, parallel, before or after Gestalt training

Name of therapist(s)	
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4b. Personal experience in Gestalt therapy YES NO

In group setting parallel, before or after Gestalt training

Name of trainer(s) / therapist(s)	
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5. Free choice YES NO

Name of trainer(s)	Total of hours
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¹ Blot out what is not applicable

EXPLANATION OF FREE HOURS:

1: Number of hours:
2: Number of hours:
3: Number of hours:

PUBLICATIONS:

YES NO

Please record below title of any relevant published articles, papers or books

1:
2:
3:

- Please add written information about the qualification of your trainer(s), therapist(s) and supervisor(s);
- Please add a brochure of your TI and the curriculum.

- 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.

Date: **Place:**

Signature applicant:

Counter Signature Coordinator TI: