



Developing Gestalt therapy theory and practice in Belfast

Gestalt Practitioners' Certificate 2016 Application

IMPORTANT! PLEASE NOTE: -

Acceptance on the course will require:

1. The full completed application form
2. A cheque for £300 as deposit with this application (drawn only upon acceptance)
3. Attending an interview with the course Directors.

As part of your commitment to the course we will ask you to

1. Pay a £300 deposit. This is non-refundable unless the course has to be cancelled.
2. Have access to personal therapy. Central to Gestalt Practice is the practitioner's awareness of self and other. You will be expected to commit to your continuing personal development.
3. Be prepared to engage in experiential learning, together with independent reading and reflection.
4. Have a completed and up-to-date membership and accreditation of the relevant professional organisation.
5. Have up-to-date and relevant professional insurance if this applies to your field.
6. Commit space in your diary and ensure full attendance as this training is dependent on group participation.

Gestalt Centre Belfast C.I.C.
info@gestaltbelfast.org
64 Glen Road, Belfast BT11 8BG
tel (+44)(0)78 03169174, (+44)(0)79 7468350

SECTION A: APPLICANT INFORMATION:

Contact Details

Name:
(First given name, then Surname)

Date of Birth:

Address including post code:

Contact
Work Telephone number:

Home Telephone number:

Mobile Telephone number:

E-mail address:

Rationale

Please describe your reasons for applying for this course:

Professional Training and Experience

List below only training directly relevant to this course starting with latest qualification gained.

Professional Education / College / University	From	To	Qualification / Please quote subject and awarding body	Grade if applicable

(use extension page if necessary)

Briefly state the theoretical orientation that underpins your work.

List any specialist interest you have in your field (e.g. family therapy, trauma work, working with children and adolescents, learning difficulties, life coaching, youth mentoring, organisational consultancy, etc)

Have you been in psychotherapy or counseling before? Yes No

If yes, please list your personal psychotherapy / counselling history (name of therapist, start and end date – or ‘continuing’) and number of hours.

Therapist name	From (date)	To (date)	Hours

Please list any other qualifications which you wish to include:

Professional Education / College / University	From	To	Qualification / Please quote subject and awarding body	Grade If any

Please list any life experience which you think will be relevant to this training:

Other professional information

TO WHICH PROFESSIONAL ORGANISATION(S) DO YOU BELONG?

Organisation _____
Membership Number(s) _____
Grade of Membership (e.g. Accredited) _____

Organisation _____
Membership Number(s) _____
Grade of Membership (e.g. Accredited) _____

Note 1: If you belong to other professional organisations, please list them on an additional page.

Note 2: If you are working towards accreditation but are not as yet accredited, you will need to give us evidence that you meet **all** the criteria for accreditation of your professional organization. Acquaint yourself with the latest accreditation requirements and write a report outlining how you meet those criteria, which you will append to this application.

OUTSTANDING PROFESSIONAL ISSUES

Please delete **YES** or **NO** to leave the correct answer showing

1) Is there a formal complaint against you currently being investigated by any relevant professional body? **YES/NO**

2) Has any formal complaint made against you been upheld by any relevant professional body? (If yes, please provide a copy of the details of the complaint and outcome from the relevant body.) **YES/NO**

3) Have you been refused recognition, certification or accreditation by any relevant professional body? (If yes, please provide a copy of the details of the refusal from the body concerned.) **YES/NO**

Please indicate whether you have any criminal convictions or pending court cases.

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DETAILS OF YOUR CURRENT PROFESSIONAL LIABILITY INSURANCE

Insurer's Name, address, policy number, renewal date:

Are you registered disabled or have you a medical condition which would involve specific access or other requirements:

Any specific dietary requirements (for the residential part of the course):

PAYMENT METHODS

- Course fee: £3000. Residential costs extra.

We accept direct payments (bank details below) or cheques / bankers' drafts.

- **Bank details:**

Account name Gestalt Centre Belfast CIC
Account number 65608146
sort code 08-92-99
IBAN GB62 CPBK 0892 9965 6081 46
BIC CPBK GB22
The Cooperative Bank plc, 1 Balloon Street Manchester M60 4EP

- **Payment plans** available on request. This would take the shape of a monthly direct debit minimum £135 for 20 months starting immediately after the first workshop, so that the total amount is paid before the final assessment.

- If your organisation pays all or part of your fee, please submit full details of payment orders or attach a cheque for £300 deposit when you submit your Application Form. A receipt will be issued as required.

If an agency or organisation is paying your fees please give details:

Name of contact person:

Organisation Name:

Address including post code:

Contact phone number:

Cheque enclosed: £

Account number

Sort code

Admin use only
Received <input type="checkbox"/> on date

APPLICANT’S DECLARATION

I declare that the information I have provided here is an accurate record and I give my consent to the Gestalt Centre Belfast CIC to process this information in accordance with the Data Protection Act 1998

Signature

Date

This application will be acknowledged within 14 days of receipt and considered by the course Directors who will request you to attend an interview.

Following the interview we will let you know within one week whether you have been accepted on the course. We will then seek final confirmation from you that you are attending.

PLEASE SEND THIS APPLICATION TO:

**Gestalt Centre Belfast
64 Glen Road
Belfast BT11 8BG**

SECTION B: REFERENCES

WE REQUIRE TWO REFERENCES. GIVE DETAILS OF REFEREES IN THE SPACE BELOW.

**FIRST REFEREE: YOUR CURRENT SUPERVISOR OR LINE MANAGER: -
PLEASE INSERT CONTACT DETAILS (FOR INFORMATION ONLY)**

First Referee's Full Name _____
Professional Body & Membership Number _____
Contact phone number _____
Address _____ _____
Email address _____
Qualifications _____ _____

**SECOND REFEREE: (someone not related to you who knows you and your work outside of your supervisor or line manager, e.g. colleague, etc)
PLEASE INSERT CONTACT DETAILS (FOR INFORMATION ONLY)**

Full name _____
Organisation (if appropriate) _____
Referee's Contact phone Number _____
Referee's Address _____ _____ _____
Email address _____

NOTE

Please note the remainder of this pack should be detached and passed to your referees for completion and separate submission to the Gestalt Centre Belfast, as described below.

PLEASE PASS THIS SECTION OF THE FORM TO YOUR **FIRST REFEREE FOR COMPLETION AND SUBMISSION TO GESTALT CENTRE BELFAST**

APPLICANT'S NAME _____

REFERENCE FROM CURRENT SUPERVISOR OR LINE MANAGER: - REFEREE DETAILS

Referee Full Name _____
Professional Body & Membership Number _____
Contact phone number _____
Address _____ _____ _____
Email address _____
Relevant Qualifications _____ _____

As you are endorsing this applicant for Gestalt Practitioners training, we would like your comments on the following:

- the applicant's awareness of their professional Ethical Framework?
- how the applicant monitors and maintains competence as a practitioner (please give some examples)
- Please describe the applicant's areas of strength and developmental needs
- Give your reasons for recommending that the applicant engages in this training

I confirm the reference information provided below and support the applicant's request to commence the Gestalt Practitioners' Certificate training with Gestalt Centre Belfast.

Signature
Referee

Date

**Please send this page and your comments to:
Gestalt Centre Belfast
64 Glen Road
Belfast BT11 8BG**

PLEASE PASS THIS SECTION OF THE FORM TO YOUR **SECOND REFEREE FOR COMPLETION AND SUBMISSION TO GESTALT CENTRE BELFAST**

APPLICANT'S NAME _____

REFEREE DETAILS

Referee's Full Name _____
Professional Body & Membership Number (if any) _____
Contact phone number _____
Address _____ _____ _____
Email address _____
Capacity in which Applicant is known to you _____
Length of time you have known the applicant _____

Please list your reasons for endorsing this applicant, including:

- **The applicant's reliability**
- **The applicant's capacity to engage in and complete training programmes**
- **The applicant's ability to work with colleagues, clients and the public.**

I confirm the reference information provided below and support the applicant's request to commence the Gestalt Practitioners Certificate training with the Gestalt Centre Belfast.

Signature
Referee

Date

Please send this page and your comments to:
Gestalt Centre Belfast
64 Glen Road
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