



APPLICATION FORM FOR FIVE YEAR TRAINING PROGRAM AND PROFESSIONALS TRAINING PROGRAM 2017-2018

Completed form to be returned to:
 Director of Training,
 Gestalt Institute of Toronto
 417 Parliament Street,
 Toronto, Ontario, Canada M5A 3A1

Admission requirements for Personal Development Training:

- . Applicants must be at least 21 years of age,
- . have completed an undergraduate degree from a recognized post-secondary institution, and
- . submit a completed application which includes
 - . letter of intent
 - . application form
 - . resume
 - . \$125.00 non-refundable Application Fee
 - . copy of undergraduate degree
 - . three references (please use attached form)

Indicate which program are you applying for:

Five Year Training Program _____ One Year Training for Professionals _____

Domestic & International Applicants

Family Name:	First Name:	Preferred Pronoun:
Address: Apt. No. Street No. Street Name City Province Postal Code		Date of Birth:
Home Telephone:	Work Telephone:	
Mobile Telephone:	Email:	

International Applicants

Address in Canada: Apt. No. Street No. Street Name City Province Postal Code		
Study Permit Number:	Study Permit Expiry Date:	Sex:
Country of Origin:	Citizenship:	Date of Admittance to Canada:
First Language:	Second Language:	Proof of Health Insurance

Previous training in psychotherapy:

Other relevant experiences:

Professions/Occupations:

Employment History

Positions Held

Name of Employer

Start and End Dates

Do you currently suffer from any physical or mental condition or disorder which may impair your ability to practise psychotherapy safely and competently and which, if left untreated, would impair your ability to practise psychotherapy? (provide details)

Letters of Reference

Give the names and contact information of 3 responsible persons who have known you well in your personal/professional life for at least 2 years. Ask them to return the enclosed reference forms to the Gestalt Institute of Toronto.

Name and Contact Information Occupation/Title Period of Time they have known you

- 1.
- 2.
- 3.

NOTE

- Acceptance into the program is via receipt of application and successful personal interview.
- Early applications will be given priority as class sizes are limited.
- Please indicate if there is any time that you are unavailable for an interview _____
- Admission is dependent upon emotional stability and a willingness to participate in an experiential model of group interaction.

DATE: _____ SIGNATURE: _____

PAYMENT INFORMATION

VISA AMEX MasterCard Bank Draft

Name on card:

Credit card number:

CCV/Security Code:

Expiry Date:

Authorized processing date: Signature of cardholder:

Letter of Reference

The applicant has submitted your name as a reference for their application to the Gestalt Institute of Toronto psychotherapy training program. To be eligible to complete this form, you must have known the applicant for at least two years. Please fill out the information below and forward directly to:

Director of Training
Gestalt Institute of Toronto
417 Parliament Street, Toronto
ON M5A 3A1

Name of Applicant: _____

1. How long have you known the applicant?
Number of years _____
In what capacity _____
How well do you know the applicant? _____
2. Please attach a letter with your comments on the applicant, and on the applicant's personal and professional qualities which you believe will contribute to their ability to participate and graduate from our training program in psychotherapy. In your letter, please ensure to address the following:
 - . flexibility in working with others
 - . ability to give and take feedback
 - . emotional stability
 - . personal maturity to work with others
 - . capacity for self reflection
 - . any reservations you may have about their suitability for a training program in psychotherapy.

Referee Name (please type or print) _____

Referee's signature _____

Current Position/Title _____

Address _____

Phone _____

Email _____

For the Referee:

Please forward this page and your letter of reference, seal and sign the back of the envelope and return to: Director of Training at the address above.