



## 2024-2025 Application for Admission to the Gestalt Institute of Toronto Five Year Training Program in Gestalt Psychotherapy

### About the Application Process

The GIT welcomes applications for admission to its training programs from all qualified individuals.

By submitting this application, you give permission to the GIT to use all information supplied as consideration for admission into any GIT program, and to maintain continuous communication with you by email. Information received from you is deemed confidential upon receipt by the GIT, and is securely stored and protected. Unsuccessful applications are destroyed within 30 days after the applicant is notified about admission status.

The GIT retains the right to determine eligibility requirements for admission into any GIT program, and to deny such admission to any applicant based upon the documentation requested and information received during the personal interview. Demonstration of the applicant's emotional stability and willingness to participate in an experiential model of group interaction is a key determinant for admission to the GIT.

### Minimum admission requirements:

All applicants must be at least 21 years of age, and hold an earned undergraduate degree from a recognized university.

### Every applicant must also submit:

1. a written letter of intent
2. a completed application form
3. a current resume
4. \$150.00 non-refundable application fee
5. copy of an official university transcript
6. three references (please use attached form)
7. WES Credential Course-by-Course Evaluation (International Applicants Only) <https://www.wes.org/>

### For All Applicants

Legal last name / 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:

### For International Applicants Only

Address in Canada: Apt. No.   Street No.   Street Name   City   Province   Postal Code		
Study Permit #:	Study Permit Expiry Date:	Gender:
Country of Origin:	Citizenship:	Date of Admittance to Canada:
First Language: Second Language:	WES Credential Evaluation Included (Yes/No):	Proof of Health Insurance:

**Previous Training in Psychotherapy**

Briefly outline any previous courses or programs that you have taken that relate to the practice of psychotherapy.

**Current Occupation**

List your current occupation and describe your current position.

**Professional Associations**

List the professional associations for which you are a member:

**Employment History**

***Name & Address of Present Employer:***

Type of Business:

Telephone Number:

Period of Employment:

From:

To:

***Name & Address of Previous Employer:***

Type of Business:

Telephone Number:

Period of Employment:

From:

To:

***Name & Address of Previous Employer:***

Type of Business:

Telephone Number:

Period of Employment:

From:

To:

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

### Letters of Reference

Give the names and contact information of three (3) responsible persons who have known you well in your personal/professional life **for at least 2 years**. *Do not use family members or relatives*. Ask them to return the enclosed reference forms to the Gestalt Institute of Toronto.

**Name & Email Address**

Occupational/Title:

Length of time they have known you:

**Name & Email Address**

Occupational/Title:

Length of time they have known you:

**Name & Email Address**

Occupational/Title:

Length of time they have known you:

### NOTE:

- Please indicate if there is any time that you are unavailable for an interview \_\_\_\_\_

### Declaration

I hereby declare that the information provided to the GIT in this application, and other representations made to the GIT during the admission stage is accurate and true in every respect. Further, I acknowledge and agree that the GIT has relied upon such information and representations as being accurate and true, as a condition of making any offer of admission. And, that a false, inaccurate, or misleading statement or any finding of such, at any time, may disqualify me from continuance or cause dismissal from the GIT without tuition refund.

Further, I understand and acknowledge that as a condition of acceptance and ongoing admission to GIT programs, I shall abide by all terms and conditions as outlined in the Student Policies and Procedures Handbook and other course curricula, and as may be amended from time to time, in which case I will be informed of such changes.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Return this Completed form to:

#### Electronically:

If a reference is being submitted electronically it **must** be sent from the email address specified in the above section.

Please send electronic references to the following email address: registrar@gestalt.on.ca

#### Hard Copy:

If a reference is being submitted in hard copy please sign the envelope seal and send to the below address:

Director of Training, Gestalt Institute of Toronto, P.O.Box 82847, Cabbagetown Post Office, Toronto, ON M5A 3Y2