

Application for OSD Training Programs
Gestalt Center for Organization & Systems Development
Please complete both sides of application in black ink

Program for which you are applying (the appropriate reference forms will be sent after your application is received):

- Becoming a Better Intervener
- Group Intensive Program
- International Program
- International Gestalt Coaching Program
- Organization & Systems Development Program (Standard Format)
- Organization & Systems Development Program (Weekend Format)

FOR OFFICE USE ONLY	
AMOUNT	_____
CHECK/CC #	_____
INTRO DATE	_____

Name _____ Credential _____ Age _____

Street Address _____

City _____ State _____ Postal Code _____ Country _____

Home Telephone _____ Work Telephone _____ Fax _____

Email _____ Alternate contact _____

Were you referred to this program? If so, by whom? _____

EDUCATION

Year	Institution	Degree	Major Field of Study
_____	_____	_____	_____
_____	_____	_____	_____

Previous post-graduate or special training experiences (Gestalt or other):

Year	Length of time	Name of Program	Leader(s)
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Present Position _____

Organization _____

Street Address _____

City _____ State _____ Postal Code _____ Country _____

Responsibilities _____

Other positions held	Organization	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL STANDING

Are you licensed, if that is applicable to your occupation? Please designate: _____

Occupational Category (check all that apply):

- Counseling Education Law Management/Administration Medicine
- Nursing Organizational Consulting Coaching Psychiatry Psychology
- Religion Social Work Other Health Professions Other (specify): _____

If you have completed previous Gestalt training, in what program were you last enrolled? _____

List two GIC/OSD faculty members who know you best: _____

If you are physically challenged, indicate your special needs: _____

ABOUT YOU (if necessary, continue writing on a separate sheet of paper, appropriately titled and attached to the application)

Why have you chosen this program, and how does it fit your needs? _____

What do you feel are the highlights of your experiences and accomplishments? _____

What are your plans for the future? _____

Have you had personal therapy? If so, please give dates, with whom, what got you started, and significant outcomes.

\$200 application fee (nonrefundable) must be enclosed. All fees must be paid in U.S. dollars. Signature required for credit cards.

I have enclosed a check or money order in the amount of US\$ _____ payable to **GICOSDISC**

Charge to MasterCard, Visa, Discover, or American Express [circle one] the amount of US\$ _____

Account # _____ Expiration Date _____ Signature _____

Mail application form, fee(s), and recent photo to:

GIC OSD ISC
P.O. Box 1569
Mentor, OH 44061
Phone: 440.205.8606
Fax: 440.205.8606