

APPENDIX 1

Inter-Institute Transfer Form Part 1: Study Information

All information is strictly confidential

1. To be filled in by trainee:

Name *If you have a transcript of academic record from your Gestalt training, attach a copy.*

Year studied	Gestalt institute	No. face to face training hours	No. supervision hours additional to training sessions	No. therapy hours additional to training sessions	What subjects or units were covered as part of the year	Completed all requirements for the year?	Any special conditions placed on continuation?

2. To be filled in by Director of training of previous institute:

This is a true and correct record of study: Signed
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3. After completion by the previous Director, this form is to be sent to the institute being applied to.



~ To be filled in by trainee and sent directly to the institute being applied to.

What are your reasons for transferring to this institute?

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Privacy release: I give permission for my application to be discussed, including the exchange of information regarding my progress and assessment, by the directors of training I have previously studied and, with the director of training to whom I am applying for entry.

Applicant: NameSigned
..... Date