



sydney gestalt institute

a.b.n. 11 117 951 658

2010 enrolment form

Name _____

Address _____

Telephone number **h** _____ **w** _____ **m** _____

Email address (essential) _____

Date and place of birth _____

Qualifications (put date and place obtained, starting with High School Certificate, include photocopies of originals) _____

Present occupation? _____

How long have you been doing this? _____

Past occupations and time spent in each job / position (please attach your CV) _____

Have you experienced therapy / workshops / previous training in this area? (please outline that here) _____

Why are you interested in doing this course? _____

Name any disabilities or medication you are on that may influence your ability to do this course _____

Contact person (name and details) in case of an emergency _____

How did you find out about this course? (workshops / newspaper / magazine ad / internet / friend / professional contact etc) _____

I have read The Course on www.gestaltsydney.com. I understand that in order to be granted the government approved Post Graduate Diploma I must fulfil admission criteria, all practical and written requirements, to attend 90% of the 620 contact hours of the course and abide by the GANZ Code of Ethics. Once the course starts I commit to paying the full fee of the course for that year, being \$5,200 upfront, \$2,600 per half year or \$1,300 per term. I require FeeHelp _____ (tick).

Signed _____ Date _____