



APPLICATION FORM: EAPTI GPTIM ACCREDITED SUPERVISOR (2020)

FOR APPLICANTS:

- Who are **not** a graduate of an accredited post-graduate training *Program in Psychotherapy Supervision* and/or
- Who are a Gestalt Psychotherapist who obtained the *Master in Gestalt Psychotherapy* through the accredited NCFHE *Upgrade Program* of the Diploma in Gestalt Psychotherapy to a Master in Gestalt Psychotherapy.

REQUIREMENTS:

1. Master in Gestalt Psychotherapy
2. Member of the National Psychotherapy Association (Malta Association for Psychotherapy) for at least eight (8) consecutive years
3. Holder of EAP and/or EAGT certificate
4. Minimum of eight (8) years of full time practice (20h per week client contact hours) after graduating in the Diploma in Gestalt Psychotherapy
5. Minimum 25hrs of Hyper - vision (supervision of work as supervisor) by an accredited and/or certified supervisor (whereby 'work as supervisor' may be obtained by practicing the provision of supervision with peer psychotherapists)

6. Writing and publishing articles in journals or books, demonstrating that one can combine the theory and practice of Gestalt Psychotherapy
 7. Giving lectures, demonstrations or workshops at congresses/conferences etc.
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PERSONAL DATA:		
Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
First Name:		
Complete address:		
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you in possession of a *Master in Gestalt Psychotherapy* through the *Upgrade Program* of the Diploma in Gestalt Psychotherapy to a Master in Gestalt Psychotherapy?

YES NO .

Name of Training Institution: EAPTI-GPTIM (NCFHE 2014-FHI-020)

Please provide the copy of the Master in Gestalt Psychotherapy Certificate

2. Are you a warranted psychotherapist?

YES NO .

Please provide a copy of the Warrant

3. Are you a member of the National Association for Psychotherapy (Malta Association for Psychotherapy) for at least eight (8) consecutive years?

YES, since _____ NO

If your answer is YES, please provide evidence.

3. Are you a holder of an ECP certificate?

YES, since _____ NO

If your answer is YES, please provide the evidence

4. Are you an EAGT ordinary member?

YES, since _____ NO

If your answer is YES, please provide the evidence

5. Do you have a minimum of eight (8) years of full time practice (20h per week client contact hours) of Gestalt Psychotherapy after graduation in the Diploma in Gestalt Psychotherapy?

YES NO

If your answer is YES, please provide the evidence

6. Did you complete a minimum of 25 hours of Hyper - vision (supervision of your work as a supervisor by an accredited and/or recognized supervisor)?

YES NO

If your answer is YES, please provide the evidence

7. Can you prove that you are able to combine theory and practice of Gestalt therapy by writing and publishing articles in Journals or books or presenting at Conferences/Workshops?

YES NO

If your answer is YES please enclose the copies of articles and/or certificates of your presenting at Conferences/Workshops

8. Please submit also the following documents:

- Curriculum Vitae
- Evidence of having received supervision since graduating from the Diploma
- Evidence of having carried out Continuous Professional Development (CPD) throughout the previous eight (8) years
- At least two (2) recommendation letters from at least two accredited EAGT and/or EAP and/or MAP members who are also accredited or recognized Supervisors and who know your work as supervisor of your supervision practice.

Please send above evidence and documents electronically to the EAPTI-GPTIM Board by sending an email to eapti.gptim@gmail.com

Once receipt of all documents is confirmed a transfer of 25 Euro must be made to EAPTI-GPTIM

I have read and agree to the MAP Code of Ethics.

I am not currently the recipient of a complaint and I am not involved or part of any criminal investigations or proceedings in Malta and/or abroad.

I hereby certify that the above information is correct to the best of my knowledge and belief.

Date:

Place:

Signature of applicant: _____

