


APPLICATION FORM:
Professional Doctorate in Gestalt Psychotherapy

MFHEA Accredited (Level 8)



Please insert a
passport size photo
here.

Date of Application: _____

Full Name: _____

Place and Date of Birth: _____ / ____ / ____

Nationality: _____

Identity Card Nr: _____

Home Address: _____

Locality of Residence: _____

Home Telephone: _____

Work Telephone: _____

Mobile No: _____

E-mail: _____

Major Field of Study:

Degree: Received on:

Diploma: Received on:

Other qualifications: Received on:

Other qualifications: Received on:

Work experience/present position:

.....

Organisation:

Please present evidence of the following criteria and attach the required documents:

- Copy of MQF Level 7 qualification of the *Master in Gestalt Psychotherapy* (128ECTS)
- Letter/receipt confirming registration with the relevant national council/board
- Evidence of being an active full-time practitioner in Gestalt psychotherapy for a minimum of 1 year since graduating with a Master Degree
- Evidence of having engaged in Continuous Professional Development (CPD) as required by the regulating national board.
- Europass Curriculum Vitae in English
- Copy of any other related Professional Diploma/Degree/s
- Letter of reference in English

- I confirm that all the information provided herewith is correct and true.

- I understand and accept that the information provided in this document may be used for data collection purposes and research, within EAPTI-GPTIM and with third parties [e.g. for Malta National Statistics Office (NSO)] and that my identity in relation to this will not be disclosed in any way.

Signature: