

CHPC TRAINING



Specialist training in Gestalt Therapy and Groupwork in the South West

ADVANCED CERTIFICATE IN GROUPWORK SKILLS

INFORMATION IS KEPT CONFIDENTIAL		
NAME:		D.O.B/AGE:
ADDRESS:		
TEL NO: (HOME):	(MOBILE):	
	EMAIL:	
CURRENT WORK RESPONSIBILITIES:		
TRAINING/QUALIFICATIONS/ACCREDITATION:		
EXPERIENCE OF GESTALT AND/OR HUMANISTIC THERAP' either client/ Trainee or Practitioner(continue overleaf or or		of
paper if necessary)		
EXPERIENCE OF GROUPS (as Group member and /or	r leader /facilitator)·	

