

## **CHPC TRAINING**



## Specialist training in Gestalt Therapy and Groupwork in the South West

## **DIPLOMA IN GESTALT PSYCHOTHERAPY**

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 THERAPY either client/ Trainee or Practitioner(continue overleaf or or		
paper if necessary)		

EXPERIENCE OF GROUPS (as Group member and /or leader /facilitator):

