

# Application for OSD Training Programs Gestalt Center for Organization & Systems Development

*Please complete both sides of application and use black ink*

Program for which you are applying:

- 3 Year – Nine Module Format OSD Program
- 1 Year – Nine Module Weekend Format OSD Program
- 1 Year – Five Module OSD International Program
- 1 Year – Two Module Group Intensive (Advanced Training)
- 1 Year – Five Module Becoming a Better Intervener Intensive
- 1 Year – Four Module International Coaching Program

FOR OFFICE USE ONLY \$500.00 fee _____ application _____ accepted _____ introduction _____ or interpersonal interaction _____
---

Most 1-year programs extend across 2 calendar years

Name \_\_\_\_\_ Credential \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Education:

Year	Institution	Degree	Major Field of Study
_____	_____	_____	_____
_____	_____	_____	_____

Were you referred to this training program, and if so, by whom? \_\_\_\_\_

Previous postgraduate or special training experiences: (Gestalt, other)

Year	Length of Time	Name of Program	Leader(s)
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience \_\_\_\_\_

Present Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Responsibilities \_\_\_\_\_

Other Positions Held	Name of Organization	Date of Employment
_____	_____	_____
_____	_____	_____

Are you licensed if that is applicable to your occupation? Please designate: \_\_\_\_\_

Occupational Category (please check)

- Counseling  Education  Law  Management/Administration  Medicine
- Nursing  Organizational Consulting  Other Health Professions  Psychiatry  Psychology
- Religion  Social Work  Other (specify)

If you have completed previous training in any other Gestalt-oriented program, in what program were you last enrolled?

Name \_\_\_\_\_ Year \_\_\_\_\_

List two faculty members who know you best.

If you are physically challenged, please indicate your special needs.

*Please complete other side.*

Please state why you have chosen this program and how it fits your needs (if necessary, continue on another sheet):

---

---

---

---

---

---

What do you feel are the highlights of your experience and accomplishments? \_\_\_\_\_

---

---

---

---

---

---

What are your plans for the future? \_\_\_\_\_

---

---

---

---

---

---

Have you had any personal therapy? (Please give dates, with whom, what got you started, and significant outcomes.)

---

---

---

---

---

---

---

---

---

---

**The appropriate reference forms will be sent to you after your application is received.**

A \$500.00 application fee (nonrefundable) must be paid. All fees must be paid in U.S. dollars and drawn on a U.S. Bank.

- I have enclosed a \$500.00 check or money order **payable to Gestalt Institute of Cleveland Organization & Systems Development Integrative Studies Center (GIC OSD ISC).**
- I have paid the \$500.00 application fee online through PayPal.
- Charge \$500.00 to MasterCard, Visa, Discover, or AMEX (circle one) Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ / 20 \_\_\_\_\_  
Account # \_\_\_\_\_ Name on Card \_\_\_\_\_  
Signature required for credit card purchases \_\_\_\_\_

**Please mail application, fee (if enclosing), and recent photo to:  
Registrar, GIC OSD ISC, P.O. Box 1569, Mentor, OH 44061  
Tel: (001) 440/205-8606 Fax: (001) 440/205-8606 E-mail: osdregistrar@gestaltosd.org www.gestaltosd.org**