**GESTALT GROUP SUPERVISION PROGRAM**

**Expression of Interest Form**

**Name……………………………………………………………………………………………**

**Postal Address…………………………………………………………………………………**

**………………………………………………………………………………Postcode: ………**

**Phone ……………………………Email………………………………………………………**

**Applicants are required to provide the following information:**

* A brief statement about why you are interested in this supervision program now and how it fits into your personal and professional needs
* A current resume

On receipt of your expression of interest you will be sent a self-evaluation form and will be contacted by one of the supervisors.

**Attach this information to the application form and send to:**

PO Box 60 Brunswick West 3055 VIC or email to admin@gestaltcentre.com.au

**Successful applicants will be required to pay a deposit of $100 as confirmation of your enrolment upon acceptance into the program.**

**Signed: ……………………………………………………………………Date: ……………**