

**Membership declaration of Polish Society for Gestalt Psychotherapy**

– I, ..... born in .....  
 certify that I am a Gestalt psychotherapist. I have been practicing psychotherapy (I have been in Gestalt therapy training) for ..... years\*.

– I have been practicing psychotherapy in:

Name	Address	Phone, e-mail	Institution's head

Home Address, private email, private phone: .....

– I have received Masters/Doctors degree (i study)\* at .....  
 ..... (University / speciality / year)

– I have undergone ..... hours (approximately) of training in Gestalt psychotherapy in .....  
 .....

– This training course has / has not been a complete training program.....  
 .....  
 ..... (name of a training institute).

– I have undergone (yes/no)\* ..... hours of psychotherapy in ..... perspective, including ..... hours of individual therapy and ..... hours of group therapy.

– My work is supervised by .....

I agree to have my personal data processed by Polish Society for Gestalt Psychotherapy in accordance with the law.

Place ..... date ..... signature .....

**Recommendation**

1. I, the undersigned hereby certify that I know ..... and I recommend her/his application for membership in Polish Society for Gestalt Psychotherapy.

Full name	Address	Phone, e-mail	Workplace / address	Signature

Place ..... date ..... signature .....

2. I, the undersigned hereby certify that I know ..... and I recommend her/his application for membership in Polish Society for Gestalt Psychotherapy.

Full name	Address	Phone, e-mail	Workplace / address	Signature

Place ..... date ..... signature .....

**Board's decision – membership status**

Due to Board's Act voted on ..... the status of ..... (full / associate / representing / honorary ) member has been granted to .....

Place ..... date ..... signature .....