TERRIGAL
GESTALT
INSTITUTE

TGI Enrolment Form

Please forward all correspondence to:
The Administrator
Terrigal Gestalt Institute
PO Box 909
Terrigal NSW 2260

Name:

D.O.B: Place:

Address:

Phone: Mobile:

Email:

Occupation:

Motivation for enrolling in course:

Previous Studies and Personal Development Work:

Relevant Life Experience:

Please refer to admission process for referee criteria and enrolment information.

Name of Referee #1: Phone:

Name of Referee #2: Phone:

A deposit of $300.00 must be attached to this application form in order for it to be processed.
All cheques and money orders are payable to: **Terrigal Gestalt Institute.**

Total Paid $ **Cheque** ◯ **Money Order** ◯ **Visa** ◯ **Mastercard** ◯

Card No: **Expiry:**

Name on Card: **Signature:**