\*PLEASE NOTE\* When filling out this document in Word save often. Upon completion download and send
 to office@gestaltcleveland.org.

 When filling out this document in Google it will autosave. Upon completion Share with Gestalt Office.

| **Course Title**  |  |
| --- | --- |
| **Presenter(s)/Facilitator(s) Information**List all the facilitators with each person's highest academic credential, as you wish them to appear on the website and marketing materials. All facilitators must be listed on this proposal. \*\*List the main contact person first. |
| **Presenter #1Name,****w/credentials** | Name:  |
| **If licensed, which license do you hold?** | * \_\_\_Counselor
* \_\_\_Social Worker
* \_\_\_Psychologist
* \_\_\_Marriage & Family Therapist
 |
| **License #** | #  |
| **Best Email** |  |
| **Best Phone #** |  |
| **Facilitators' Education & Experience (Bio)**Describe each facilitator's experience in the content area, such as prior workshops, presentations, direct practice, or research.Do you wish to use the bio currently on the website?Yes \_\_\_\_ No \_\_\_\_\_\_ | . |
| **CV / Resume** | Please send an updated copy of your CV to: office@gestaltcleveland.org |
|  |
| **Presenter #2Name,****w/credentials** | Name:  |
| **If licensed, which license do you hold?** | * \_\_\_Counselor
* \_\_\_Social Worker
* \_\_\_Psychologist
* \_\_\_Marriage & Family Therapist
 |
| **License #** | #  |
| **Best Email** |  |
| **Best Phone #** |  |
| **Facilitators' Education & Experience (Bio)**Describe each facilitator's experience in the content area, such as prior workshops, presentations, direct practice, or research.Do you wish to use the bio currently on the website?Yes \_\_\_\_ No \_\_\_\_\_\_ |  |
| **CV / Resume** | Please send an updated copy of your CV to: office@gestaltcleveland.org |
| **\*\*If you have more than 2 presenters, please complete the additional Presenter page at the end of this Proposal form.\*\*** |
| **Date/Time/Location - Offering Options** |
| **Preferred Course Dates**Choose a timeframe you prefer, and/or list specific dates. We will check the GIC calendar for availability. | * \_\_\_Winter (Dec-Feb)
* \_\_\_Spring (Mar-May)
* \_\_\_Summer (Jun-Aug)
* \_\_\_Autumn (Sep-Nov)

If you have specific preferred dates, please list below:  |
| **Length of Workshop/Program**Hours of workshop: (each day)Total Hours:  | Total # of days of your workshop: (½ day, full days, etc)List specific times for each day of your workshop:Total Hours of completed workshop/program: \* |
| **Workshop/Program delivery method** | In-Person: \_\_\_\_\_\_\_\_ Online: \_\_\_\_\_\_\_\_ |
| **Are you renewing a previously approved ICF CCE workshop?** | \_\_\_\_\_ Yes\_\_\_\_\_ No |
| **Will you need International Coach Federation (ICF) Continuing Education credits for this workshop?** | \_\_\_\_\_ Yes\_\_\_\_\_ No |
| **Future workshop?** | Are you interested in offering this workshop more than one time?* \_\_\_Yes
* \_\_\_No
* \_\_\_Unsure
 |
|  |
| **Workshop/Program and ICF Required Details** |
| **Workshop/Program****Description**Provide a concise (200 words or less) description of your course, including benefit(s) to participants. Description will be used for distribution on the GIC website, social media and other marketing venues. |   |
| **What coaching specialties are present within this program? (choose up to 7)***This is required by ICF.* | \_\_\_\_\_ ADD/ADHD\_\_\_\_\_ Business/Organizations\_\_\_\_\_ Career/Transitions\_\_\_\_\_ Coaching Other Coaches\_\_\_\_\_ Creativity\_\_\_\_\_ Executive\_\_\_\_\_ Health & Fitness\_\_\_\_\_ Internal\_\_\_\_\_ Leadership\_\_\_\_\_ Life Vision & Enforcement\_\_\_\_\_ Relationship\_\_\_\_\_ Small Business\_\_\_\_\_ Spirituality\_\_\_\_\_ Therapeutic/Alternative Services |
| **Target Audience**Who would benefit from attending your workshop?*This is required by ICF.* |  |
| **Learning Objectives**List clear and concise behavioral statements of what participants will learn.*(Personal Growth workshops do not meet criteria for Continuing Education credits.)*  | Participants completing this workshop will be able to: |
| **Detailed Program Schedule** Please provide a complete program schedule for your proposed course. *This is required by ICF.* | Link to download: ICF Program Schedule Template:<https://www.gestaltcleveland.org/workshop-proposal-form>Your completed ICF Program Schedule must be submitted with your Proposal to office@gestaltcleveland.org, |
| **Workshop/Program Materials***This is required by ICF.* | Please send any program materials or promotional information. |
| **Instructional Time**Insert number of hours beneath each. | Core Competency Resource Total Hours Development Number of Hours Hours  |
| **Image**Provide an image (300 dpi or better) to be used along with your description, in all marketing venues.  | Please send .jpg or .png (300 dpi or better) file to office@gestaltcleveland.org.  |
| **Do you also want to offer CE credits for this workshop?**  | * \_\_\_Yes
* \_\_\_No

 # of CEs \_\_\_\_\_\_\_\_ |
| **Prerequisite(s)**Does this course require prior experience(s)? If so, what? |  |
| **Enrollment Information** | Minimum # \_\_\_\_Maximum # \_\_\_\_ |
|  |
| **Administration/Tech/Marketing** |
| **Academic References**List three (3) references or cited sources for the content of your course. (optional) |  |
| **Technology Needs:**Do you need Zoom Tech support during your workshop? (breakout rooms, chat assistance, PowerPoint, etc.) |  |
| **Marketing Support**How will you market your workshop?  | * \_\_\_Social Media
* \_\_\_Listservs
* \_\_\_Organizations
* \_\_\_Meetings

 Would you like an electronic flyer to distribute?* \_\_\_Yes
* \_\_\_No
 |
| **If you are NOT GIC Faculty, complete this section** |
| Please describe your formal training in Gestalt theory and methodology. |  |
| Please name a faculty member who knows you or your work.  |  |

Submit your completed proposal to Dani Leslein at: office@gestaltcleveland.org.

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| --- |
| **Presenter #3Name,****w/credentials** | Name:  |
| **If licensed, which license do you hold?** | * \_\_\_Counselor
* \_\_\_Social Worker
* \_\_\_Psychologist
* \_\_\_Marriage & Family Therapist
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| **CV / Resume** | Please send an updated copy of your CV to: office@gestaltcleveland.org |
|  |
| **Presenter #4Name,****w/credentials** | Name:  |
| **If licensed, which license do you hold?** | * \_\_\_Counselor
* \_\_\_Social Worker
* \_\_\_Psychologist
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| **CV / Resume** | Please send an updated copy of your CV to: office@gestaltcleveland.org |