\*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 #1 Name,**  **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](mailto:office@gestaltcleveland.org) | | | | |
|  | | | | | |
| **Presenter #2 Name,**  **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](mailto: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](mailto: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](mailto: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](mailto:office@gestaltcleveland.org).

| **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 #3 Name,**  **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](mailto:office@gestaltcleveland.org) | | | | |
|  | | | | | |
| **Presenter #4 Name,**  **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](mailto:office@gestaltcleveland.org) | | | | |