Applying the Cape Cod Model to Coaching: Working One-on-One

Dates  
March 21-26, 2019  
Begins Thursday, 3pm  
Ends Tuesday, 12 noon

Fee  
$1,695  
GISC Members: $1,645

CE hours  
34

Faculty  
Stuart Simon, LICSW, MCC (director)  
Additional faculty drawn from: Ann Carr, MS, MCC, GPCC™ and Jackie Sherman, PhD, PCC

This program focuses on coaching applications of the Cape Cod Model®, a specific intervention technique that supports the individual’s own competencies and ability to move towards change. It is designed for both clinically and organizationally trained people either working as coaches or for those considering a move into coaching.

The program features supervised practice applying the Cape Cod Model® with visiting clients. It also provides opportunities to discuss how working with an individual is similar to and different from working with a small group or organization, exploration and expansion of the ways participants use themselves in the coaching process, and opportunities to discuss challenging coaching cases.

In the context of applying the Cape Cod Model® in a one-on-one setting, participants will clarify their understanding of the role of a coach, better appreciate the difference between coaching and therapy, explore the coach’s relationship with an organization, and discover how to determine whether a client needs more than coaching.

Benefits
Participants will:
• Learn to use the competency perspective and structured feedback techniques of the Cape Cod Model® as powerful coaching tools
• Have the opportunity to receive personalized feedback from faculty, clients, and peers during supervised coaching practice with visiting clients
• Develop insight and new approaches to current work situations and challenging coaching clients
• Have an opportunity for extensive practice

Participants
The program is designed for people who practice coaching or who are considering the practice of coaching.

“\textit{The Center is an island for experiencing and learning—both personally and professionally. It is also a place for making friends and community.}”

David Verble  
Coach/Consultant
Registration Form

Name: _____________________________________________________________________________     Male: ❑    Female: ❑

Company Name: ___________________________________ Position: ____________________________

Preferred Mailing Address - Work ❑ / Home ❑: ___________________________________________

City/State/Province/Postal     Code/Country: ______________________________________________________________
______________________________________________________________________________________________________________________________________________

Work Phone: ___________________________    Home Phone: ___________________________

Mobile Phone: ___________________________    Email: _______________________________________

Current Profession (please check all that apply):
Coach ❑    Consultant/OD ❑    Psychotherapist ❑    Leader/Executive ❑    Nonprofit ❑    Educator ❑    Other ❑

Professional Affiliations/Associations:
ICF (Int’l Coach Federation) ❑    OD Network ❑    APA ❑    Other (please specify) ❑

How did you hear about this program? ___________________________________________________________________
______________________________________________________________________________________________________________________________________________

If by referral, from whom? ___________________________

Please register me for:

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Date</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am a GISC Member: ❑    I would like to join GISC: ❑ $125/year

Total: ________________________________

Invoice my organization: ❑

I have enclosed a check or money order payable to GISC (US funds only): ❑

Charge my:   Visa ❑    Mastercard ❑    American Express ❑

Name as it appears on card: ___________________________

Account Number: ___________________________    Expiration Date: ___________________________

Signature: ___________________________

Cancellation Policy: Refunds are available up to 21 days prior to a program, less a $35 administration fee. When cancellation is made with a notice of 20 days or less, tuition will not be refunded, but may be applied to a future program within the next calendar year.

Mail or fax along with your payment to:
Gestalt International Study Center, PO Box 515, South Wellfleet, MA 02663-0515, USA
www.gisc.org    p: 508.349.7900    f: 508.349.7908    e: office@gisc.org