Application Form

Date:

RETURN COMPLETED FORM TO:

S. Pearen, Administration Manager, TICP
c/o TICP Administration Office, 17 Saddletree Trail, Brampton, Ontario CAN, L6X 4M5.

PLEASE NOTE: Classroom location is at the TICP Community Clinic, located at 427Vaughan Road, Toronto, ON, M6C 2P1.

APPLICATION FEE: **$300.00** to be submitted with application, payable either by cheque, e-transfer to info@ticp.on.ca or online by credit card at www.ticp.on.ca   If paying by cheque, please make cheque payable to the "Toronto Institute for Contemporary Psychoanalysis".

SURNAME:

GIVEN NAME(S):

Address (BUSINESS):

Business Telephone: Fax:

Address (HOME):

Home Telephone: Fax:

E-MAIL Address:

Preferred Mailing Address: ☐ Business   or   ☐ Home

PROFESSION:

UNIVERSITY DEGREES:

PROFESSIONAL QUALIFICATIONS:

REGISTRATION/ LICENCE TO PRACTICE, ETC.:

LIABILITY INSURANCE: I am currently insured by:

Positions Held

	Name of Employer	Duration
1		
2		
3		

Professional Papers / Contributions

Title	Publication / Conference	Date

References

Provide the names and addresses of <u>three</u> individuals who have known you well in your professional work for <u>at least two years</u>. Please have these individuals send a letter of reference at the time of your application, detailing their evaluation of your personal qualities and psychotherapeutic work.

Name / Address	Occupation	Period Known

Previous Personal Analysis or Psychotherapy

Date	Frequency	Name of Analyst / Therapist

Previous Training in Psychotherapy

Courses	Supervision

Academic Background

Universities	Faculties	Date(s) of Entry	Qualifications	Scholarships, Educational Grants, Etc.

Post-Graduate Institutes	Date(s) of Entry	Date(s) of Leaving	Qualifications

Societies and Professional Bodies of which you are a Member or Fellow (Provide Details):