



## The Toronto Institute for Contemporary Psychoanalysis

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# Application Form

Date:

### RETURN COMPLETED FORM TO:

Andrea Meeson, Program Coordinator

Email: [4yradmin@ticp.ca](mailto:4yradmin@ticp.ca)

**APPLICATION FEE: \$300.00.** To be paid at time of application by e-transfer to [info@ticp.on.ca](mailto:info@ticp.on.ca), or online by credit card [here](#).

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

	<i>Name of Employer</i>	<i>Duration</i>
1		
2		
3		

## Professional Papers / Contributions

<i>Title</i>	<i>Publication / Conference</i>	<i>Date</i>

## References

Provide the names and addresses of three individuals who have known you well in your professional work for at least two years. 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.

<u>Name / Address</u>	<u>Occupation</u>	<u>Period Known</u>

## Previous Personal Analysis or Psychotherapy

<i>Date</i>	<i>Frequency</i>	<i>Name of Analyst / Therapist</i>

## Previous Training in Psychotherapy

<i>Courses</i>	<i>Supervision</i>

## Academic Background

<i>Universities</i>	<i>Faculties</i>	<i>Date(s) of Entry</i>	<i>Qualifications</i>	<i>Scholarships, Educational Grants, Etc.</i>

<i>Post-Graduate Institutes</i>	<i>Date(s) of Entry</i>	<i>Date(s) of Leaving</i>	<i>Qualifications</i>

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