



The Toronto Institute for Contemporary Psychoanalysis

427 Vaughan Road, Toronto, ON, M6C 2P1

Email: 4yradmin@ticp.ca Web: www.ticp.ca Phone: 416.288.8060

Application Form

Date:

RETURN COMPLETED FORM TO:

Andrea Meeson, Program Coordinator
Email: 4yradmin@ticp.ca

APPLICATION FEE: \$300.00. To be paid at time of application by e-transfer to 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>