



**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).

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> |
|---|
|   |