

ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY

TORONTO PSYCHOANALYTIC SOCIETY

Date: _____

Completed form to be returned to:

**Selection Committee, ATPPP
Toronto Psychoanalytic Society
Suite 203, 40 St. Clair Avenue East
Toronto, ON M4T 1M9**

Application Fee: \$250.00 *(to be submitted with application)*

Surname: _____ Given Names: _____ Age: _____

Addresses: (Office) _____

(Home) _____

Telephone and Fax Numbers:

Office: _____ Fax: _____ Home: _____

E-mail address: _____

Preferred Mailing Address: Office

Home

Profession and Degrees: _____

Citizenship: _____ Immigration Status in Canada: _____

Languages: First _____

Others _____

Professional Qualifications and Education

Licences to Practise: _____

Post Secondary Education:

Institution	Date of Entry	Date of Graduation	Degrees & Certificates
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scholarships, Educational Grants, Honours, etc.:

Learned Societies and Professional Bodies of which you are an Associate Member, Member or Fellow or from which you may have Received a Qualification (*give dates*):

Please append a list of scientific contributions and scholarly addresses. Curriculum Vitae can be included along with this application if desired.

Psychotherapy Experience

Personal Psychoanalysis or Psychotherapy:

Dates	Frequency of Sessions	Psychoanalyst/ Psychotherapist	Therapeutic Orientation
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Previous Training in Psychotherapy (courses & supervision):

Employment *(Continue on Reverse if Necessary...)*:

Positions Held	Name of Employer	Start & End Dates
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References

Give the names and addresses of three responsible persons who have known you well either in your private life or in your professional work for at least two years, and distribute the enclosed reference forms for completion. Reference forms and letters must be received by April 15, 2011, and are to be mailed directly to the Toronto Psychoanalytic Society. It is the applicant's responsibility to ensure their referees have submitted the necessary forms and letters.

Name & Address	Occupation	Period of Time During Which They Have Known You
1) _____		

2) _____		

3) _____		

Exceptional Circumstances

If you wish to be given consideration for exceptional circumstances, please provide details. Use a separate sheet if necessary.

N.B. Include with this application:

- ! Typed letter describing development of interest in further training
- ! List of publications and addresses (as part of c.v. if so desired)
- ! Application fee of \$250.00 payable to : Toronto Psychoanalytic Society

Advanced Training Program in Psychoanalytic Psychotherapy
Toronto Psychoanalytic Society

Letter of Recommendation

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Date of Application: _____

Applicant Telephone No.: _____

Applicant e-mail Address: _____

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant and in what capacity? How well do you know the applicant?

2. Please indicate with a check mark your rating of the applicant in terms of the following attributes. We are interested in the applicant's abilities to successfully complete an intensive program of practice and study. The comparison group should consist of applicants at a comparable stage in their professional careers.

	Top 2%	Top 10%	Top 20%	Top 30%	Top 50%	Bottom 50%	NA
Demonstrated ability as a therapist							
Potential ability as a therapist							
Oral expression							
Written expression							
Initiative							
Perseverance							
Ability to work independently							
Ability to work with colleagues in groups							

3. The likelihood that the applicant will complete the program is (please circle one):

Very likely

Likely

Unlikely

Very unlikely

4. Please attach a letter in which you comment further on the above information, and specifically upon the applicant's personal qualities which you believe will contribute to his or her ability to benefit from and function as an adult learner in an advanced training program in psychoanalytic psychotherapy.

Referee's name (type or print): _____

Referee's signature: _____

Position: _____

Address: _____

Telephone No.: _____

E-mail Address: _____

Please insert this form and the accompanying letter in an envelope, seal and sign the back of the envelope and return to The Toronto Psychoanalytic Society, attention ATPPP, Suite 203, 40 St. Clair Avenue East, Toronto, Ontario, M4T 1M9.