



# APPLICATION FORM

Date:

\_\_\_\_\_

*Completed form to be returned to:*

Fundamentals Psychoanalytic Perspectives Program  
Toronto Psychoanalytic Society  
Suite 203, 40 St. Clair Avenue East  
Toronto, Ontario M4T 1M9

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_

Addresses: (Office) \_\_\_\_\_  
(Home) \_\_\_\_\_

Telephone, Fax Numbers & E-Mail:

Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address: Office " \_\_\_\_\_ Home " \_\_\_\_\_

Profession and Degrees:

\_\_\_\_\_

*The following questions are optional:*

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Languages: First \_\_\_\_\_

Others \_\_\_\_\_

**Professional Qualifications and Education**

**Licences to Practise:** \_\_\_\_\_

**Post Secondary Education:**

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

**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	Type of Therapy

#### Previous Training in Psychotherapy (including extension courses, Annual Day in Psychoanalysis):

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#### Employment (continue on reverse if necessary...):

Positions Held	Name of Employer	Start & End Dates

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**Personal Document**

*Please describe why you want to take this program and what you hope to gain from it.*

**References**

*Give the names and addresses of two responsible persons who have known you well either in your private life or in your professional work for at least two years, and to whom you will be giving the attached reference forms for completion. 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) _____		

**Fees**

Application fee of \$150.00 (non-refundable) payable to : Toronto Psychoanalytic Society.  
Course fee: \$1,500.00.

**Exceptional Circumstances**

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

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**How did you hear about this program?**

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TORONTO PSYCHOANALYTIC SOCIETY  
FUNDAMENTAL PSYCHOANALYTIC PERSPECTIVES

## LETTER OF RECOMMENDATION

### TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

Applicant E-mail Address: \_\_\_\_\_

### TO BE COMPLETED BY REFEREE

How long have you known this individual and in what capacity? How well do you know the applicant? Could you please also comment on her/his personal qualities, both strengths and weaknesses. Please attach a letter in which you elaborate on the above.

Referee's Name (Type or print): \_\_\_\_\_

Referee's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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 FPP Program  
40 St. Clair Avenue East, Suite 203,  
Toronto, ON M4T 1M9.*