



Toronto Institute for Contemporary Psychoanalysis

427 Vaughan Road, Toronto, ON, M6C 2P1

Email: info@ticp.on.ca Web: www.ticp.on.ca Phone: 416.288.8060

Application Form

Date:

RETURN COMPLETED FORM TO:

S. Pearen, Administration Manager, TICP
c/o TICP Administration Office, 17 Saddletree Trail, Brampton, Ontario CAN, L6X 4M5.

PLEASE NOTE: Classroom location is at the TICP Community Clinic, located at 427Vaughan Road, Toronto, ON, M6C 2P1.

APPLICATION FEE: **\$300.00** to be submitted with application, payable either by cheque, e-transfer to info@ticp.on.ca or online by credit card at www.ticp.on.ca If paying by cheque, please make cheque payable to the "Toronto Institute for Contemporary Psychoanalysis".

SURNAME:

GIVEN NAME(S):

Address (BUSINESS):

Business Telephone:

Fax:

Address (HOME):

Home Telephone:

Cell:

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.

Name / Address	Occupation	Period Known

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>

PERSONAL STATEMENT

Please include a statement discussing why you have decided to pursue psychoanalytic training at this point in your life and how it relates to your professional and intellectual interests, background, and goals. (Suggested length: 500 words).