

AUSTRALIAN PSYCHOANALYTICAL SOCIETY

(Component society of the International Psychoanalytical Association)

ADELAIDE / MELBOURNE / SYDNEY BRANCH

APPLICATION FOR TRAINING IN PSYCHOANALYSIS

Confidential

INTRODUCTION

This form is designed to enable you to record the main events in your career and to give other information relevant to your application. Many of the questions are of a kind which would normally be asked in interview and are asked now so that you may have time to consider them at your leisure.

If you are invited to an interview, the information you give here may be used as a basis for discussion between you and your interviewer.

PERSONAL DATA

SURNAME _____

GIVEN NAMES _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

NATIONALITY _____

PERMANENT ADDRESS _____

TELEPHONE NUMBERS (work)

(home)

(mobile)

(fax)

(email)

Have you applied for this training before? _____

If so, please give dates and outcome _____

EDUCATION AND QUALIFICATIONS

Dates	Universities and other institutions	Courses and qualifications

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

Dates of election	Professional Societies	Member status	Office held

1. PROFESSIONAL AND OTHER WORK EXPERIENCE

a) Past

b) Current

c) Psychoanalytic Psychotherapy Experience

Have you ever had any experience in treating patients in psychoanalytically based psychotherapy?

2. Do you have Professional Indemnity Insurance Policy? Please give details.

PERSONAL PSYCHOTHERAPY/PSYCHOANALYTIC EXPERIENCE

Please give the name(s) of your therapist(s)/psychoanalyst(s) and the duration and frequency of treatment. This is for our information only. No information will be sought from your therapist.

REASONS FOR UNDERTAKING TRAINING

You may wish to include personal and/or clinical information relevant to the development of your interest in psychoanalysis.

SUPERVISION EXPERIENCE

Please detail supervision experience

REFEREES

Nominate three referees, with their names, addresses and phone numbers, one of whom has known you well for at least a five year period. At least one should be known in a personal capacity.

PUBLICATIONS, JOURNAL ARTICLES etc**OTHER INTERESTS**

ANY FURTHER INFORMATION about yourself as a person which you consider relevant to this application

RELEASE OF PERSONAL INFORMATION

I hereby give permission to the Adelaide / Melbourne / Sydney Branch of Psychoanalysis to write to the nominated referees named in this application, (previous therapists excluded).

WAIVER OF CLAIMS

I understand that the decision as to whether I am qualified for acceptance to the Branch's training programme vests solely and exclusively in the Branch, and that its decision is final. I agree to hold the Institute, its directors, officers, members, representatives and agents free from any complaints or claims or demands or otherwise by reason of any omission or commission that they, or any of them may take in connection with this application, the interview and deliberative process or the decision by the Branch for admission to its training program.

Signature

Date

Please send to Chair Admissions / Selection.