



**TORONTO PSYCHOANALYTIC SOCIETY
FUNDAMENTAL PSYCHOANALYTIC PERSPECTIVES**

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

Application Fee: \$150.00 (to be submitted with application)

Surname: _____ Given Names: _____ Age: _____

Addresses: (Office) _____

(Home) _____

Telephone, Fax Numbers & E-Mail:

Office: _____ Fax: _____ Home: _____ Cell: _____ 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
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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	Type of Therapy
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Previous Training in Psychotherapy *(including extension courses, Annual Day in Psychoanalysis):*

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

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 distribute the enclosed reference forms for completion. **Reference forms and letters must be received by March 1, 2017 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.*

Please do not give your therapist as a reference.

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.

How did you hear about this program?



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