

**ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY**

**TORONTO PSYCHOANALYTIC SOCIETY**

Date: \_\_\_\_\_

**Application deadline: February 28, 2023**

*Completed form to be returned to:*

**Selection Committee, ATPPP**

**Toronto Psychoanalytic Society**

**40 St. Clair Avenue East, Suite 203**

**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: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Mailing Address: Office

Home

Profession and Degrees: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

Others \_\_\_\_\_

## Professional Qualifications and Education

**Licenses 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):

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### 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 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 February 28, 2023 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 note family members (including extended family members) and former or treating therapists are not acceptable references.**

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

2) \_\_\_\_\_

3) \_\_\_\_\_

## 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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*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 deadline: February 28, 2023**

**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 practise 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 professional 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.