



**TORONTO PSYCHOANALYTIC SOCIETY  
FUNDAMENTAL PSYCHOANALYTIC PERSPECTIVES**

APPLICATION FORM

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

*Completed form to be returned*

- via email to [psychoanalyst@bellnet.ca](mailto:psychoanalyst@bellnet.ca)

*Or*

- via mail 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) or sent via e-transfer to [psychoanalyst@bellnet.ca](mailto:psychoanalyst@bellnet.ca)**

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

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

(Home) \_\_\_\_\_

Telephone, Fax Numbers & E-Mail:

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Mailing Address: Office  Home

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

**★ The Following Questions are Optional**

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

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

Gender: \_\_\_\_\_ Relationship Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

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

Others \_\_\_\_\_

### **Professional Qualifications and Education**

★ A Curriculum Vitae is to be included along with this application.

**Professional Licences:** \_\_\_\_\_

#### **Post-Secondary Education:**

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

#### **Scholarships, Educational Grants, Honours, etc.:**

_____
_____
_____
_____

#### **Professional Bodies of which you are an Associate Member, Member or Fellow:**

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_____
_____

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## Psychotherapy Experience

### Personal Psychoanalysis or Psychotherapy:

Dates	Frequency of Sessions	Type of Therapy
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Previous Training in Psychotherapy *(including extension courses, Annual Day in Psychoanalysis, certificate programs, continuing education etc.):*

_____
_____
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_____

### Employment:

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 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, 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 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.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TORONTO PSYCHOANALYTIC SOCIETY  
FUNDAMENTAL PSYCHOANALYTIC PERSPECTIVES**

**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 or via email [psychoanalyst@bellnet.ca](mailto:psychoanalyst@bellnet.ca)