



**TORONTO PSYCHOANALYTIC SOCIETY
FUNDAMENTAL PSYCHOANALYTIC PERSPECTIVES**

APPLICATION FORM

Date: _____

Completed form to be returned

- via email to 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

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:

Psychotherapy Experience

Personal Psychoanalysis or Psychotherapy:

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

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

Employment:

Positions Held	Name of Employer	Start & End Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, 2024 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.

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 or via email psychoanalyst@bellnet.ca