



**Toronto Institute for Contemporary Psychoanalysis**

17 Saddletree Trail, Brampton, Ontario L6X 4M5 Canada.

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# Application Form

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

**RETURN COMPLETED FORM TO:**

S. Pearen, Administrative Coordinator, TICP  
17 Saddletree Trail,  
Brampton, Ontario CAN, L6X 4M5.

APPLICATION FEE: **\$300.00** to be submitted with application. Make cheque payable to the "Toronto Institute for Contemporary Psychoanalysis".

SURNAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

Address (BUSINESS): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (HOME): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

Preferred Mailing Address, To:      Business ~    or    Home ~

PROFESSION: \_\_\_\_\_

UNIVERSITY DEGREES: \_\_\_\_\_

PROFESSIONAL QUALIFICATIONS: \_\_\_\_\_

REGISTRATION/ LICENCE TO PRACTICE, ETC.: \_\_\_\_\_

LIABILITY INSURANCE: I am currently insured by: \_\_\_\_\_

## Positions Held

Chronological List	Name of Employer	Duration

## Professional Papers / Contributions

Title	Publication/Conference	Date

## References

Provide the names and addresses of three individuals who have known you well in your professional work for at least two years. Please have these individuals send a letter of reference at the time of your application, detailing their evaluation of your personal qualities and psychotherapeutic work.

	Name / Address	Occupation	Period Known
1.			
2.			
3.			

## Previous Personal Analysis or Psychotherapy

Dates

Frequency

Name of Analyst/Therapist

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## Previous Training in Psychotherapy

Courses:

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Supervision:

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## Academic Background

Universities

Faculties

Date(s) of Entry

Qualifications  
Scholarships  
Educational Grants  
Honours, etc.

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Post-Graduate Institutes	Date(s) of Entry	Date(s) of Leaving	Qualifications
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Societies and Professional Bodies of which you are a Member or Fellow (Provide Details).

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Rev: Oct 2009