



1 Fairbridge Road  
London N19 3EW  
or email to  
[office@agip.org.uk](mailto:office@agip.org.uk)  
020 7272 7013  
[www.agip.org.uk](http://www.agip.org.uk)

**REFERENCE FORM**

Re : \_\_\_\_\_

The above named person has applied to AGIP for the **apptraining** course as indicated below:

- A one year Foundation training course in Psychoanalytic Psychotherapy \*
- A three year clinical training course in individual in Psychoanalytic Psychotherapy \*

and has named you as a referee in their application.

We would be grateful if you could please provide us with a reference highlighting:

- How long you have known the applicant
- In what capacity
- Your view as to their potential to complete a psychoanalytic psychotherapy training
- Anything else you consider may be of interest in support of this application.

Please sign and date your reference.

If necessary use a continuation sheet or alternatively use your own letterhead and attach it to this form

(\* **Notes to the candidate** – please delete as appropriate and forward to your referee. You should be aware that **appt** will not chase referees for their references so you are strongly advised to check with your referee that they have submitted it.)