

AGIP PSYCHOANALYTIC PSYCHOTHERAPY TRAINING

psychotherapytraining.org

1 Fairbridge Road
London N19 3EW
or email to
office@agip.org.uk
020 7272 7013
www.agip.org.uk



Application for (mark as appropriate):

Foundation Course
Psychoanalytic Psychotherapy Training

Full Name:

Title:

Address:

Home Tel:

Work Tel:

Email address:

Date of Birth:

Age:

PRESENT EMPLOYMENT

Nature of employment:

Name & Address of employer:

Is psychotherapy a part of your employment environment?

If so, explain how:

EMPLOYMENT HISTORY

Please state the last two posts you held and your reasons for leaving each:

1.

2.

Please describe any work experience, paid or voluntary, which is relevant to psychotherapy:

Education (any post-secondary qualifications and/or professional training)

NB. You will need to supply, with your application, copies of certificates or officially signed ratification on headed notepaper of all further education and professional qualifications and courses that you wish **appt** to recognise. Please do not send in your application until you have this documentation ready to include.

PSYCHOTHERAPY HISTORY

1. Please give the following information concerning your psychotherapy experience: Group or individual:

Starting & terminating dates of therapy:

Name(s) & Address(es) of therapist(s):

Therapist's orientation & professional association (if known):

Frequency:

2. Please give the name, address, orientation and professional association of your proposed personal therapist (See 'Notes for Applicants')

3. In about 500 words, describe your background and present life, making mention of the experiences which you feel have helped you become the person you are now, including those which have been difficult to surmount

(PLEASE ATTACH YOUR STATEMENT TO THIS FORM)

4. Please indicate where you heard about the **aptraining** course (e.g. advertisement, directory, etc.)

REFERENCES

The Training Committee requires you to provide the names of two people, not your therapist, who have known you well in a working capacity e.g. line manager, supervisor, tutor etc. for a minimum of three years.

Name:	Name:
Address:	Address:
Tel:	Tel:
Relationship to you	Relationship to you:

DECLARATION

I declare that the information given above is an honest statement about myself, I wish to be considered for the **aptraining** course, and I enclose my non-refundable application fee of:

- £55 (Foundation course)
- £130 (Psychoanalytic Psychotherapy training)

Cheques should be made out to **AGIP-APT**. If you wish to pay by bank transfer then phone the office on 020 7272 7013 for our bank details. If you decide to use bank transfer then your payment reference should be your name followed by 'appt'.

Signed:

Date:

Please return to the Administrator at AGIP: 1 Fairbridge Road, London N19 3EW