**AGIP PSYCHOANALYTIC**



**PSYCHOTHERAPY TRAINING**

**psychotherapytraining.org**

1 Fairbridge Road

London N19 3EW

or email to

[training@agip.org.uk](mailto:training@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 compete 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.)

***Please return your reference to: Training Organiser, AGIP, 1 Fairbridge Road, London N19 3EW***