

The Training in Analytical Psychotherapy: Birmingham

APPLICATION FORM FOR INFANT OBSERVATION GROUPS

Full Name and Title:

Address:

Telephone:

Email:

DOB:

How Did You Hear About Us?

Personal Therapy To Date: Would you give details regarding the frequency and duration of your experience of personal therapy or analysis, and the name, address, and professional membership(s) of the person(s) with whom you are or have been in therapy/analysis.

If you are a member of a professional organisation such as BACP, and ascribe to a Code of Ethics and Practice, please include details of your membership.

Referees: Give the names, addresses and email contact details of two referees who know you professionally. If you are in supervision please include your supervisor.

Referee 1: _____

_____ Email: _____

Referee 2: _____

_____ Email: _____

Include with this form your curriculum vitae and a statement on why you wish to take part in an Infant Observation programme.

Applicants will be required to attend an interview in Birmingham.

The Training Committee cannot enter into correspondence following rejection of an application.

Please return this form together with your fee of £150.00 (which includes the cost of the preparation seminar) to: Sue Harford, Administrator to the APT Committee, Unit 1A, West Stockwith Park, Stockwith Road, Misterton, Nottinghamshire, DN10 4ES. Please note cheques need to be made payable to "The Training in Jungian Analytical Psychotherapy".