



West Midlands Institute of Psychotherapy

Analytical Psychotherapy Training Committee

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.

