



Toronto Institute for Contemporary Psychoanalysis

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ESSENTIALS OF PSYCHOANALYSIS **2019 – 2020**

Application Form

RETURN COMPLETED FORM TO:

Suzanne Pearen, Administration Manager, TICP
Administration Office: 17 Saddletree Trail, Brampton, Ontario L6X 4M5
Telephone: 416-288-8060 / Fax: 416-288-8060 / Email: info@ticp.on.ca

APPLICATION FEE: \$100.00

(payable online at www.ticp.on.ca, by e-transfer to info@ticp.on.ca or by cheque mailed to TICP)

APPLICATION DEADLINE: JUNE 1, 2019

SURNAME: _____

GIVEN NAME(S): _____

Address (BUSINESS): _____

Business Telephone: _____

Address (HOME): _____

Home Telephone: _____

E-MAIL : _____

Preferred Mailing Address To: Business ~ or Home ~

PROFESSION: _____

UNIVERSITY DEGREES: _____

PROFESSIONAL QUALIFICATIONS _____

RELEVANT PROFESSIONAL PAPERS / CONTRIBUTIONS

Title Publication/Conference Date

PREVIOUS TRAINING IN PSYCHOTHERAPY

Courses:

Supervision:

Societies, Professional Bodies of which you are a Member or Fellow.

REFERENCES

Provide the names and addresses of two individuals who have known you well in your professional work for at least two years. Please have them send a letter of reference at the time of your application, detailing their evaluation of your personal qualities and psychotherapeutic work.

Name / Address	Occupation	Period Known
1		
2		