

APPLICATION FORM

For

THE TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY WITH CHILDREN, PARENTS AND YOUNG ADULTS

Conducted by:

INDIAN PSYCHOANALYTICAL SOCIETY (BOMBAY CHAPTER)

Please return to:

The COURSE ORGANIZER
VITRAG CHAMBERS,
ROOM NO.4, 1ST FLOOR,
CAWASJEE PATEL STREET,
FORT,
MUMBAI 400 001.
TEL: 22813735.

DATE OF APPLICATION :

(Please type or complete this form legibly using black ink only.
Information given in the form will be treated confidentially.)

PERSONAL DETAILS

Surname / Family Name

Forename(s)

Title – Mr./ Mrs./ Ms./ Dr. / Other *

Date of Birth (__DD/__MM/__YY)

Married/Single

Home Address :

Work Address :

Telephone Number : Home
Work
Mobile

E-mail :

Present Employment / Job :

Discipline - Please tick one of the following :

- | | |
|------------------------|----------------------------|
| 1. Psychiatry | 11. Social Work |
| 2. Clinical Psychology | 12. Police |
| 3. Child Psychotherapy | 13. Teaching |
| 4. Nursing | 14. Educational Psychology |
| 5. G.P. | 15. Other * |

6. Counselling
7. Professions allied to Medicine
8. Clergy
9. Management Consultancy
10. Probation

16. Non - Waged
17. Social Care Workers
18. Adult Psychotherapy
19. Unstated

* Please indicate.....

1. References

Please give the names and addresses of two persons to whom reference may be made and the capacity in which you are known to them.

1.

2.

2. Has your employer agreed to :

If necessary give you the time to attend during working hours ?

Yes

No

3. Have you previously attended a course run by the Psychoanalytic Therapy and Research Centre?

Yes

No

If so, please give details including the year the course was undertaken.

4. Education (including professional training) :

EDUCATIONAL INSTITUTIONS	DATES TO & FROM	DEGREES/ DIPLOMAS/ ANY OTHER QUALIFICATION
SCHOOL/S		

COLLEGE/ UNIVERSITY		
OTHER INSTITUTION/S		

5. Personal Analysis:

Please give details of any personal analysis / Counselling you have had in the past :

Analysis	Date Begun	Date Ended	Number of sessions per week

6. Please give details of your work experience.

EMPLOYER/ SERVICE UNIT/ OTHER ORGANIZATION	DATES TO & FROM	POSTION HELD AND BRIEF DESCRIPTION OF RESPONSIBILITIES

7. Are there any comments you would like to make about your educational experience ?

8. Are there any comments you would like to make about your work experience ?

9. Other interests apart from those directly related to your work studies :

10. You are required to make a statement, filling this page, on the following questions:
Why do you want to do this training? What are your hopes and aspirations in applying for this training?

11. Could you use this page to describe an aspect of your personal experience that you would want to understand better by doing this course.

12. Are there any foreseeable situations that could come in the way of your fulfilling the commitments of your training.

13. In the Brochure you will find a description of the Time Requirements of the Course. Could you let us know of any situations that could potentially make it difficult for you to set aside time regularly to meet these requirements.

14. Have you any questions about the training for which you are applying?
