

APPLICATION FORM INDIVIDUAL PSYCHODYNAMIC TRAINING PROGRAM

Personal Information

Name:			
Date of Birth:			
Address:			
Telephone:	(Cel phone)		(Home)
Email:			

Professional Information

Highest Degree earned:		Date:	
University:			
Are you a member of a professional order?	Yes: <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please indicate name, permit number and attach photocopy of permit (s))		
<i>Name of Professional Order</i>	<i>Permit Number</i>		
Do you have malpractice insurance?	Yes: <input type="checkbox"/> No <input type="checkbox"/>		
Is yes, please indicate insurance company			
Policy number:	<i>(Please attach photocopy of current liability insurance)</i>		
Number of Years in Professional Practice:			

PROGRAM YOU ARE APPLYING FOR

Individual Psychodynamic Therapy Program (IPTP) – 3 years	<input type="checkbox"/>
Individual Psychodynamic Therapy Program (IPTP) – First year only	<input type="checkbox"/>
Individual Psychodynamic Therapy Program (IPTP) – theory only	<input type="checkbox"/>

PERSONAL PSYCHOTHERAPY

(the information will be kept strictly confidential)

CURRENT THERAPY

Name of current therapist	
Therapy begun on (date)	
Frequency of sessions (e.g., once a week, twice, etc.)	<hr/> <hr/>
Therapy end date (if applicable, if not, mark 'ongoing')	<hr/> <hr/>
Therapeutic orientation	<hr/> <hr/> <hr/>

PREVIOUS THERAPIES (If applicable)

Name of previous therapist	
Therapy begun on (date)	
Frequency of sessions (e.g., once a week, twice, etc.)	
Therapy end date	
Therapeutic orientation	
Name of previous therapist	
Therapy begun on (date)	
Frequency of sessions (e.g., once a week, twice, etc.)	<hr/> <hr/>
Therapy end date	
Therapeutic orientation	<hr/> <hr/> <hr/>

PREVIOUS PSYCHOTHERAPY TRAINING

(if applicable)

Name of institute or training program	
Location	
Beginning and end dates of training	
Courses and seminars followed	
Conferences, seminars, supervision or other training opportunities (please indicate dates if possible)	

Have you applied to our program before? No yes (if so, date _____)

Other information you believe is pertinent

It is required that you have three reference letters sent directly to us.

Please provide the names, telephone numbers, workplace and the profession of your references

1	
2	
3	

Signature _____ Date: _____

Please send this completed form, together with:

- Copy of your current CV
- Brief autobiographical statement (about 2 pages) indicating your motivation for applying to our program
- Three letters of reference
- cheque for processing fees of \$50 (payable to **THE ARGYLE INSTITUTE**)

Send this application to:

THE ARGYLE INSTITUTE
IPTP ADMISSION COMMITTEE
4150 Ste Catherine St. West, Suite 328,
Westmount, QC, CA H3Z 2Y5