

Cape Town Psychoanalytic Self Psychology Group

Application for 2-year Psychoanalytic Psychotherapy Programme

Please attach a short CV with this application. Please print or type all information.

Return to can@iafrica.com

NAME:

ADDRESS:

OFFICE ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

SKYPE:

DATE OF BIRTH: ____/____/____

PROFESSION:

EDUCATION:

HPCSA NO:

PERSONAL PSYCHOTHERAPY: (tick) CURRENT PAST

PSYCHOTHERAPY SUPERVISION: CURRENT PAST

WORK EXPERIENCE TO DATE:

NATURE OF PRESENT PSYCHOTHERAPEUTIC WORK:

AGES AND TYPES OF PATIENTS:

MODALITY OF THERAPY USED:

HOURS PER WEEK ENGAGED IN PSYCHOTHERAPY:

PROFESSIONAL AFFILIATIONS:

COMMUNITY ACTIVITIES:

PERSONAL STATEMENT AS TO WHY YOU WISH TO APPLY FOR THIS COURSE (no longer than 200 words)

SIGNATURE

DATE