

AGIP Psychoanalytic Psychotherapy Trainings

Course you are applying for (mark as appropriate)	
Foundation Course	<input type="checkbox"/>
Psychoanalytic Psychotherapy Clinical Training	<input type="checkbox"/>

Personal details			
Full Name:		Title:	
Address:			
Email:		Mobile:	
Home Tel:		Work Tel:	
Date of Birth:		Age:	

Present employment	
Nature of employment:	
Name & Address of employer:	

Is psychotherapy a part of your employment environment? Yes ☐ No ☐

If yes, please explain how:

Employment history

Please state the last two posts you held and your reasons for leaving each:

1.

2.

Please describe any work experience, paid or voluntary, which is relevant to psychotherapy:

Education

Education (any post-secondary qualifications and/or professional training):

NB

You will need to supply, with your application, copies of certificates or officially signed ratification on headed notepaper of all further education and professional qualifications and courses that you wish AGIP to recognise. Please do not send in your application until you have this documentation ready to include.

Psychotherapy History

1. Please give the following information concerning your psychotherapy experience, group or individual:

Start & termination dates of therapy:

Name(s) & Address(es) of therapist(s):

Therapist's orientation & professional association (if known):

Frequency:

2. Please give the name, address, orientation and professional association of your proposed personal therapist (See 'Notes for Applicants'):	
Name and address:	
Orientation:	
Professional association:	
3. In about 500 words, describe your background and present life, making mention of the experiences which you feel have helped you become the person you are now, including those which have been difficult to surmount	
PLEASE ATTACH YOUR STATEMENT TO THIS FORM.	
4. Please indicate where you heard about the AGIP training course (e.g. advertisement, directory, etc.)	

References			
The Training Committee requires you to provide the names of two people, not your therapist, who have known you well in a working capacity e.g. line manager, supervisor, tutor etc. for a minimum of three years.			
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Relationship to you:		Relationship to you:	

Declaration

I declare that the information given above is an honest statement about myself, I wish to be considered for the AGIP training course, and I enclose my non-refundable application fee of:

- ☐ £80 (Foundation course)
- ☐ £160 (Psychoanalytic Psychotherapy training)

Signed:

Date:

Please return to the Administrator at AGIP via email training@agip.org.uk.