



1 Fairbridge Road
London N19 3EW
or email to
training@agip.org.uk
020 7272 7013
www.agip.org.uk

REFERENCE FORM

Re : _____

The above named person has applied to AGIP for the **aptraining** course as indicated below:

- A one year Foundation training course in Psychoanalytic Psychotherapy *
- A three year clinical training course in individual in Psychoanalytic Psychotherapy *

and has named you as a referee in their application.

We would be grateful if you could please provide us with a reference highlighting:

- How long you have known the applicant
- In what capacity
- Your view as to their potential to complete a psychoanalytic psychotherapy training
- Anything else you consider may be of interest in support of this application.

Please sign and date your reference.

If necessary use a continuation sheet or alternatively use your own letterhead and attach it to this form

(* **Notes to the candidate** – please delete as appropriate and forward to your referee. You should be aware that **appt** will not chase referees for their references so you are strongly advised to check with your referee that they have submitted it.)