



THE VICTORIAN ASSOCIATION OF PSYCHOANALYTIC PSYCHOTHERAPISTS

18 Erin Street Richmond VIC 3121 | Telephone: (03) 9428 2303 | Email: vappadmin@vapp.asn.au

INTRODUCTORY COURSE APPLICATION FORM 2020

NAME:

ADDRESS:

.....**Postcode**.....

PHONE: (Work)..... **(Mobile)**.....

EMAIL:

QUALIFICATIONS:

.....
.....
.....

PROFESSIONAL MEMBERSHIPS:

.....
.....
.....

PREVIOUS RELEVANT EMPLOYMENT:

.....
.....
.....

CLINICAL EXPERIENCE:

.....
.....
.....

CURRENT EMPLOYER:

Nature of Work:

.....
.....
.....
.....
.....

EXPERIENCE OF PSYCHODYNAMIC/ PSYCHOANALYTIC THEORY OR PRACTICE

For example reading group, supervision, seminars, personal psychotherapy

.....
.....
.....
.....
.....

What you are hoping to gain from participating in the Course?

.....
.....
.....
.....
.....

How did you hear about the VAPP Introductory Course?

.....

** please provide an email address that will still be current in 2020.*

Personal information you have provided in this application will be used and held by the VAPP for administrative purposes and to assist the IC Committee in considering your suitability for the Course.

**Please copy this form to your files, then complete & email your application to:
Di Cronin dcathome@iprimus.com.au**