



ANZAP TRAINING IN  
THE CONVERSATIONAL MODEL OF PSYCHOANALYTIC PSYCHOTHERAPY  
2019 INTAKE

Name: ..... DOB: .....

Preferred Email address: .....

Preferred Postal address: ..... Tel: .....

..... Fax: .....

..... Mob: .....

What position(s) do you currently hold?

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Are you a member of any professional associations or bodies?

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**Academic Qualifications.** Please indicate qualifications, year obtained, name of University/College or other teaching body. **Please include certified copies of Degrees and Registration with this application.**

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**Specialist Qualifications.** Please include Colleges, Societies, Boards, Fellowship, etc.

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**Professional Practice:**

How long have you practised as a psychotherapist/counsellor? .....

How many hours of psychotherapy do you do per week? .....

What percentage of this is your overall practice? .....

How many hours of supervision do you receive per week? .....

If you are a supervisor, how many people do you supervise? ..... For how many hours? .....





**Professional Referees** (must **not** include your personal therapist). Please provide name, address, email and telephone number of three referees who will be contacted.

1. ....  
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Tel: ..... Email: .....

2. ....  
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Tel: ..... Email: .....

3. ....  
.....  
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Tel: ..... Email: .....

Are you currently registered? YES ..... NO .....

Which State are you registered in? ..... Date Registration expires .....

Do you have Professional Indemnity Insurance? **This is compulsory.** YES ..... NO .....

Date insurance expires: .....

Signature: .....

Date: .....

If there is insufficient space to answer any of the questions, please add extra pages as required. Please send an application-processing fee of \$325 with your application. If you are called for interview this fee is non-refundable. Two hundred and fifty dollars will be refunded in full if you are not called for interview.

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