

Please download and save the form on your computer before completing and returning it by email to ppc-at-sip@inet.net.au

SYDNEY INSTITUTE FOR PSYCHOANALYSIS

Psychodynamic Psychotherapy Course

Application Form

Name

Home address

Date of birth

 / /

Phone

Work address

Preferred mobile phone contact number

Preferred email address (for notifications)

Education and qualifications

Date	University or Institution	Course and Qualification
/ /		
/ /		
/ /		
/ /		

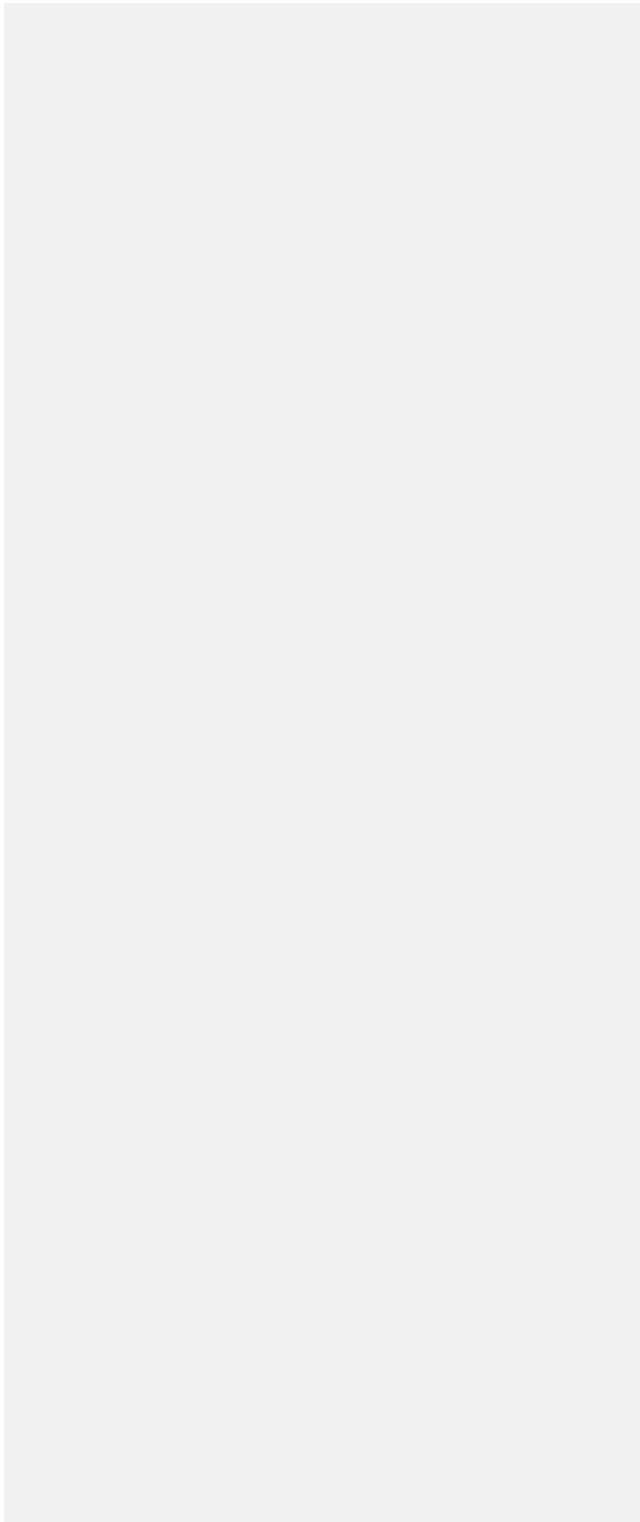
Please describe any other relevant professional training programs you have attended or completed

Membership of professional associations

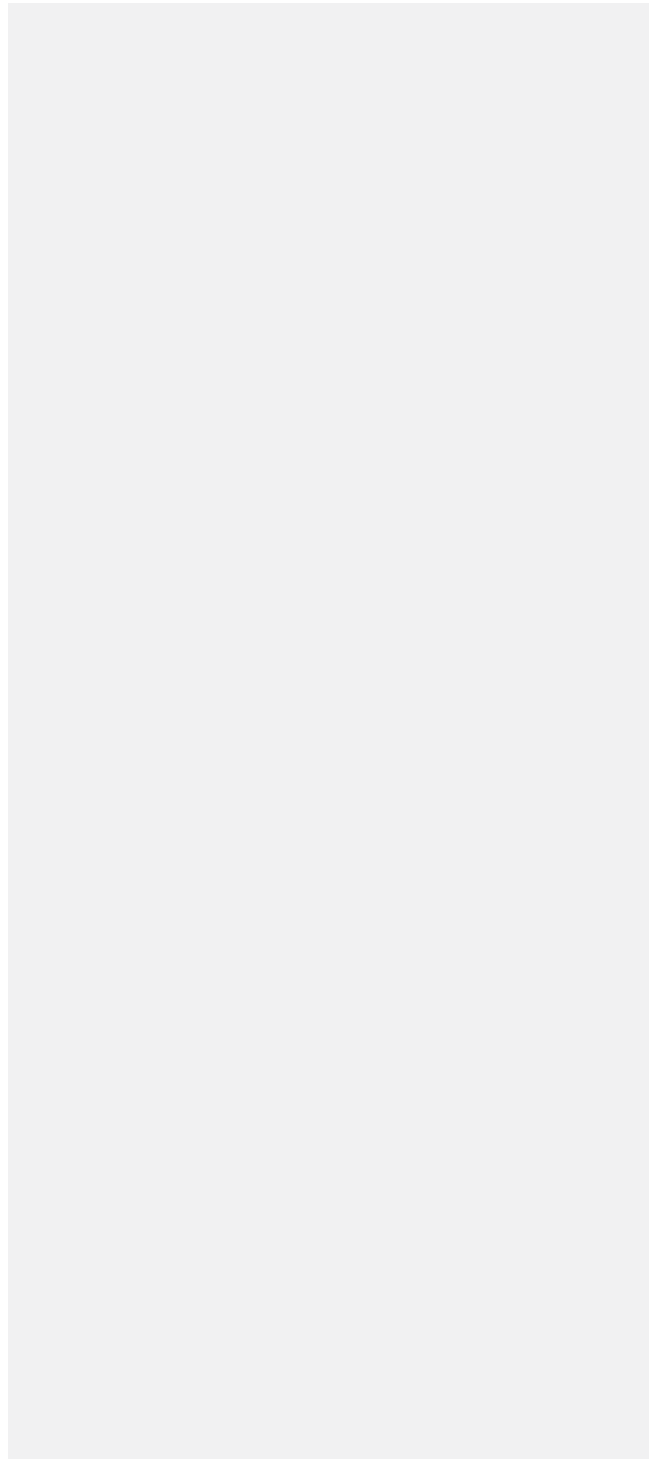
Date of election	Professional society	Member status	Office held
/ /			
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Professional work experience

Please describe your current work experience:



If applicable, please describe any other professional activities you are currently engaged in, such as teaching, or research:



Do you have recent clinical material to discuss?

YES

NO

Please describe your previous clinical experience:

Professional indemnity

PPC Seminar Leaders need to know that you have professional indemnity

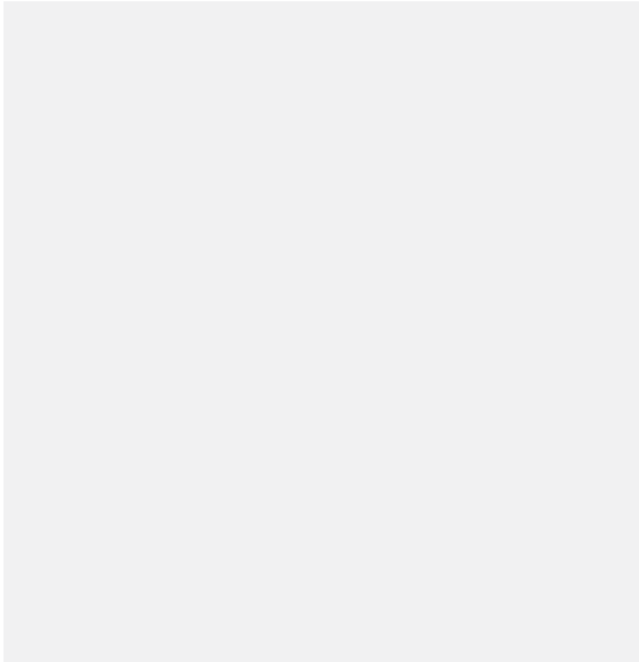
If applicable, please provide your AHPRA (Australian Health Practitioner Regulation Authority) Registration Number:

If you are not registered with AHPRA, please provide details of your Professional Indemnity Insurance Policy:

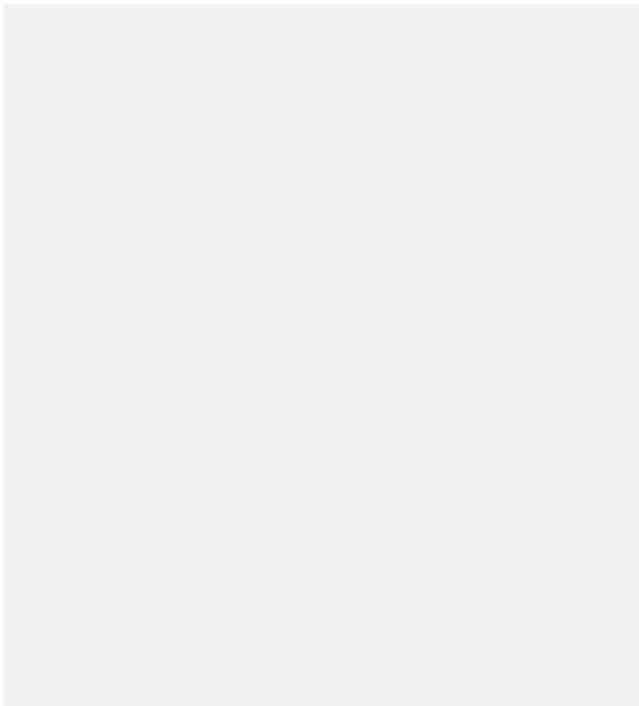
Are there any grounds for you to anticipate, either (a) a complaint against your professional practice, or, (b) any investigation for any type of offence which is likely to limit your Professional Registration, or your eligibility for Professional Indemnity Insurance?

Supervision & small group experience

Please describe any previous supervision experience you have had, with details of your supervisor(s):



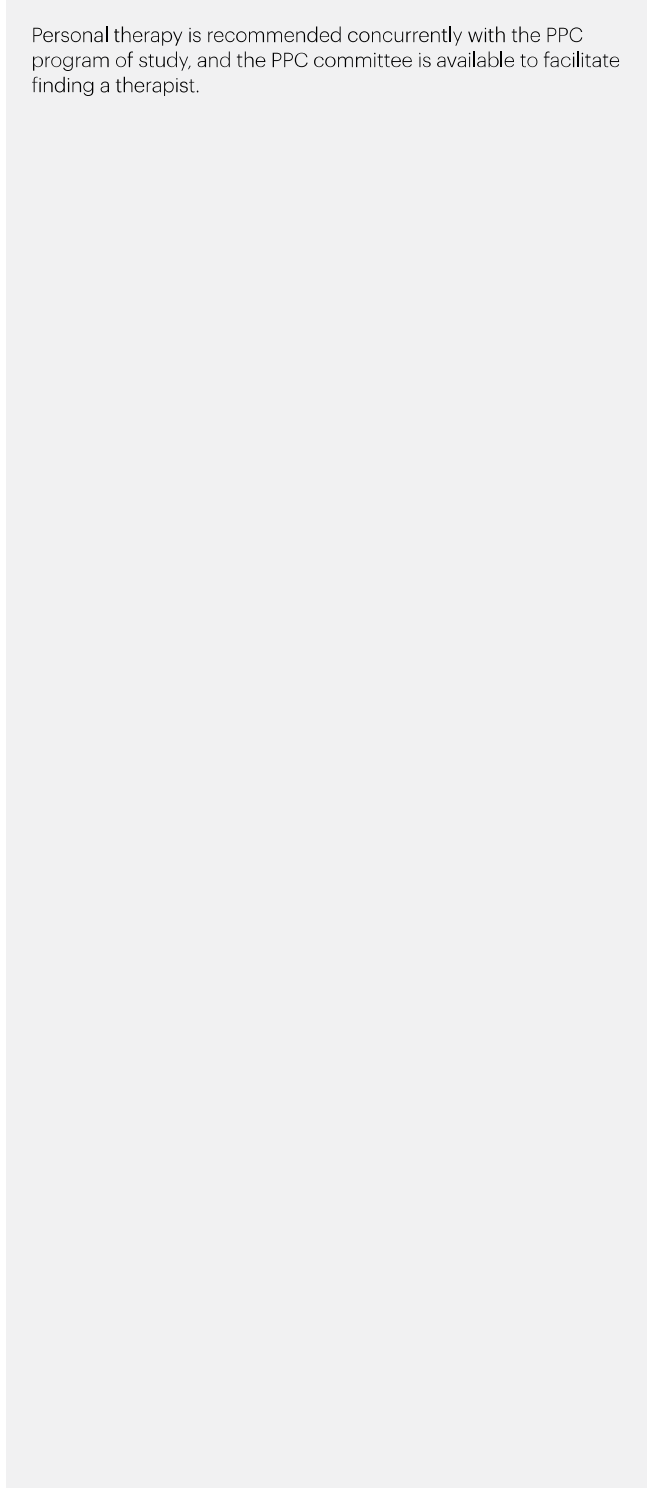
Please describe any experience you have had with learning in small groups:



Personal psychotherapy

Please describe the duration and frequency of any personal psychotherapy you may have had:

Personal therapy is recommended concurrently with the PPC program of study, and the PPC committee is available to facilitate finding a therapist.



Referees

Please provide details of one or two referees who have known you personally for some years.
If available, a reference from a supervisor of your clinical work would be helpful.

Name

Name

Address

Address

Phone

Phone

Preferred email address (for notifications)

Preferred email address (for notifications)

Release of personal information

I authorize the Sydney Institute for Psychoanalysis and the PPC@SIP committee to communicate with the referees noted in my application.

Waiver of claims

I understand that consideration of my application and progress in the Psychoanalytic Psychotherapy Course will be at the sole discretion of the PPC committee, informed by assessments by seminar leaders.

I agree to hold the Sydney Institute for Psychoanalysis, its directors, officers, members, representatives and agents free from any complaints or claims or demands, or otherwise by reason of any omission or commission that they, or any of them may take in connection with this application, the interview and deliberative process or the decision by the PPC@SIP Committee for acceptance or rejection of my application for the PPC course, and/or my discontinuation from the PPC course.

I understand that the PPC program is a supplement to my existing theoretical knowledge and clinical skills. The Course provides an opportunity for discussion of case vignettes, but it does not offer supervision or consultation for clinical management of my clients or patients for whom I retain full responsibility. A certificate of attendance will be given upon satisfactory completion of the PPC program.

I understand that the PPC program is not being represented as training or a clinical qualification for practice in psychoanalysis. Therefore, upon completion of the course, I will not represent myself as a practicing psychoanalyst or a graduate of the Sydney Institute for Psychoanalysis.

Signature

Date

Please pay your PPC Application Fee (\$165) by direct deposit to Sydney Institute for Psychoanalysis.

Application fees by direct deposit to:

Account Name: Sydney Institute for Psycho-Analysis

Bank: Westpac

BSB: 032 199

Account number: 108 102

If you make payment by direct deposit, please make sure that your name is clearly indicated, and send an email notification of your deposit to: ppc-at-sip@iinet.net.au

Please email this completed form to:

ppc-at-sip@iinet.net.au