

**Psychodynamic Psychotherapy Training**

**Application Form**

**Guidelines for applicants**

The application is in three parts; please ensure you complete all three; as well as the reference and declaration sections.

1. Personal Information - please address sections 1-4
2. Personal Statement - please complete in a separate document
3. Reflective piece of writing – please complete in a separate document

**Please return your signed application form and, equality monitoring form to:** [**training@sipsychotherapy.org**](mailto:training@sipsychotherapy.org) **by the deadline on our website.**

**Equality Monitoring Form** We have a policy of monitoring all applications to help us reach more diverse communities than we currently do. As part of this, we would be grateful if you could complete the anonymous Equality Monitoring Form on our website and e-mail it to [training@sipsychotherapy.org](mailto:training@sipsychotherapy.org)

|  |  |
| --- | --- |
| **For which academic year are you applying?** |  |

**Part one - Personal Information**

**Section 1: Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Daytime Telephone** |  |
| **Evening Telephone** |  |
| **Email** |  |

**Section 2: Education and Training**

Please provide details of your relevant education.

|  |  |  |
| --- | --- | --- |
| **Name of Institution** | **Date of qualification** | **Details of qualification** |
|  |  |  |

**Professional Memberships**

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**Current courses and trainings yet to be completed**

|  |  |
| --- | --- |
| **Name of course** | **Date of completion** |
|  |  |

**Section 3: Personal Therapy**

Please give details of your past and current psychotherapy including, the name and professional membership(s) of your therapist(s); the length and dates of the therapy; and the frequency of sessions. We will write to the Training Therapist of successful applicants to confirm that you meet the training requirements for session frequency and length of attendance at therapy.

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| **Past Psychotherapy** |
|  |
| **Current Psychotherapy** |
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**Section 4: Employment History**

Please give details of relevant paid and voluntary employment.

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**Part two - Personal Statement**

In a separate document, please provide a personal account of your reasons for applying for this training.

**Part three - Reflective piece of writing**

You are asked to submit a reflective piece of writing of 1,000 words (+/- 10%) about a psychoanalytic theory or concept of interest to you, following the Classical Freud Theory Course (or equivalent). This will not be assessed or formally marked by the seminar leader but, is a requirement for the application process for the Psychodynamic Clinical Training.

**References**

Please provide the names of two people who will write references in support of your application. These should be contemporary and relevant to this training; where possible an up-to-date clinical reference.

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name | Name |
| Address | Address |
| Telephone no | Telephone no |
| Email | Email |
| Relationship to you | Relationship to you |

**Declaration**

By signing this form I agree that:

* The Psychodynamic Training Committee can have access to my reports at the conclusion of pre-clinical courses; and, if requested, the essay I submitted at the end of the Work Discussion Course.
* Meeting the external pre-requisites for the training will not guarantee either acceptance onto the course or the offer of selection interviews.
* Whilst feedback may be offered to unsuccessful candidates SIP reserves the right to decline an application to train without offering reasons for that decision.

SIP cannot guarantee that there will be a training intake in any particular year, as this is dependent on there being a sufficient number of suitably qualified applicants. SIP also cannot guarantee a place can be offered in the next intake, as the places on that intake may already be filled.

**Please tick:**

**□** I have transferred the application fee to SIP’s bank account*.*\*

**□** I confirm I have read and agree to the payment terms displayed on the SIP website.

**Sign (or type name)**……………………………………………………………………….**Date**………………………………………..

*\*See ‘Training Fees’ document for application fee amount; and ‘Payment Terms’ document for our bank details; both in the course applications section of our website*.