



NSWIPP

NSW Institute of
Psychoanalytic
Psychotherapy

PO Box 4050
WINMALEE NSW 2777
Tel: 0406 975 434 Fax: 9423 6953
Email: nswipp4@bigpond.com

**ADULT TRAINING ADVISORY BOARD
APPLICATION FOR PARTICIPATION IN AN INFANT OBSERVATION PROGRAM**

**Please pay application fee of \$55.00 incl. GST on application.
Payment should be made by Direct deposit to:
Account Name: NSW Institute of Psychoanalytic Psychotherapy
BSB: 112-879
Account No: 041219957**

NameDate of Birth.....
Address (Work).....
Address (Home).....
Phone (Work).....(Home).....(Mob).....
Fax No. Email

1. Professional Qualifications

Detail your qualifications, dates obtained and university or institute.

2. Membership of Professional Association(s):

3. Other Relevant Training/Workshops, etc:

4. Place of Work:

5. Brief Work History:

6. Psychoanalytic Psychotherapy Experience:

If you have had any experience working psychoanalytically or psychodynamically, please indicate

7. Supervision Experience:

Please detail supervision you have received and the modality used

8. Reasons for Interest in Undertaking an Infant Observation Experience:

Give an account of what has led you to apply to do this program at this time and what you hope to gain from the experience

9. Personal Psychotherapy Experience if any:

(please note this is not a prerequisite for doing the Infant Observation program. However, it is necessary to be in therapy during the Infant Observation experience if you want to continue on with the NSWIPP Training and are selected to do this)

If you have had or are currently engaged in a personal psychotherapy experience, please indicate this

10. Any Further Information about Yourself as a Person:

e.g. your current circumstances which you may consider relevant to this application

Referees:

Please supply the name, address and telephone number of three people who are prepared to act as personal referees and know something about your work or you as a person.

Referee 1:

Referee 2:

I wish to undertake an Infant Observation Program with the NSW Institute of Psychoanalytic Psychotherapy. I agree to abide by the recommendations of the Adult Training Advisory Board in regard to selection for this program.

Upon selection you will be required to obtain Professional Insurance Indemnity and have a Police check before beginning observation visits.

Signed.....

Date