



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy Application

Personal Information

Legal Name	
Residential Address	
Permanent Address <small>* Note: All correspondence will be sent to the permanent address</small>	
Residential Phone	
Cell Phone	
Work Phone	
Email Address:	
Gender	
Current Employer	
Citizenship <small>* If you are not a Canadian citizen, do you have landed immigrant status</small>	
Social Insurance Number <small>* Required for CRA T2202 education & tuition credits certificate</small>	

Education

Postsecondary Institution	Start & End Date	Certification Earned

Work Experience

Please list, with details specified below, your last three employers, beginning with your current or most recent position.

Name of employer	
Address	
Position(s) held	
Date of employment	
Supervisor(s)	

Name of employer	
Address	
Position(s) held	
Date of employment	
Supervisor(s)	

Name of employer	
Address	
Position(s) held	
Date of employment	
Supervisor(s)	

Additional Comments:

Supplementary Documentation

Please prepare (on separate pages) a personal account of why you wish to pursue this training, how it relates to your past and future career and life goals. The account should include a history of your professional involvement with children, and the reasons you feel able to undertake the training program in your present life circumstances.

Please send, along with the completed Application:

- Your academic transcripts *
- Three confidential letters of recommendation, at least two (2) of which must be from recent supervisors or administrators well acquainted with your work. Please see the reference guidelines at the end of this package.*
- A cheque or money order for **\$500.00** made payable to the "Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy" or "CICAPP". This is also payable by e-transfer to payments@cicapp.ca or by credit card online at www.cicapp.ca

* If these documents cannot accompany the application form, please ensure that the materials follow as soon as possible after the application form. Your file must be complete prior to admission interviews.

Please note: The application fee is **not** refundable.

Mail to:

Dena Tenenhouse, Chair of Admissions
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP)
4711 Yonge Street 10th floor, Toronto ON M2N 6K8

Applicant Certification

I hereby certify that all of the information I provided on this application form for the CICPAP Training Program in Psychotherapy is true and accurate to the best of my knowledge.

Signature

Date

An applicant to the Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy training program (CICAPP) has submitted your name as a reference for their application.

To be eligible to complete a referral letter, you must have known the individual for at least two years. Please fill out the information below and forward directly to: CICAPP Chair of Admissions, 4711 Yonge Street, 10th floor, Toronto, ON, M2N 6K8 or email to spc@cicapp.ca. We will confirm receipt of your letter by email.

The following are guidelines for information to include in your letter of reference:

1. Name of Applicant.
2. How long have you known the applicant? (Number of years)
3. In what capacity do you know the applicant?
4. Your letter should comment on the applicant's personal and professional qualities which you believe will contribute to their ability to participate and graduate from our training program in psychotherapy. Some suggestions of areas to consider are:
 - Flexibility in working with others
 - Ability to give and take feedback
 - Emotional stability
 - Personal maturity to work with others
 - Capacity for self-reflection
 - Any reservations you may have about their suitability for a training program in psychotherapy.

Please be sure to include your name, current position/title, address and contact information (including email).

Thank you for your assistance in the CICAPP application process. If you have any questions, please contact CICAPP directly at 416-748-0050 or spc@cicapp.ca.