



# Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

## Application for Admission

### I. PERSONAL DATA

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS

CURRENT EMPLOYER:

YOUR CITIZENSHIP: \_\_\_\_\_

If you are **not** a Canadian citizen, do you have Landed Immigrant Status:

YES

NO

### II. EDUCATION

Please list colleges, universities, or other schools attended, and the degree or diplomas obtained.

Include Dates:




III. **WORK EXPERIENCE**

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

**A) NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

**B) NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

**C) NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)



**Additional Comments:**


- IV. 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.
- V. Please send, along with the completed Application....
- a) Your academic transcripts \*
  - b) Three confidential letters of recommendation, at least two (2) of which must be from recent supervisors or administrators well acquainted with your work \*
  - c) A cheque or money order for **\$250.00** made payable to the "Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy" or "CICAPP"

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

*Mail to:* Suzanne Pearen, Administrative Coordinator  
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP)  
Administration Office: 17 Saddletree Trail  
Brampton, ON L6X 4M5  
Telephone: 416-690-5464

\* 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.

I hereby certify that all of the information I provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date