

THE IRISH FORUM FOR PSYCHOANALYTIC PSYCHOTHERAPY
(A Company Limited by Guarantee)

73 Quinn's Road, Shankhill, Co. Dublin

Tel: 01-2722105

Fax: 01-2722111

e-mail: amdps@indigo.ie

APPLICATION FOR MEMBERSHIP
(ALL INFORMATION TO BE TYPED ONLY)

1. Name:
2. Address:
3. Date of Birth:
4. Email for correspondence:
5. Telephone Number(s):
6. Education and Qualifications. Please include name and address of all institutions, the title of the course, the dates of starting and finishing the course, and the final qualification awarded, including the date. With regard to your training in psychoanalytic psychotherapy, please enclose confirmation of the qualifications.
7. Appointments/Work Experience starting with current position. Please include the date of starting and finishing appointments, the name and address of your employer, and the job title.

13. Details of publications (if any):

14. What provision have you made for further study since qualifying?

15. Are you currently working as a psychoanalytic psychotherapist?

16. Is there anything else you would like to let us know.

Signature of Applicant: _____ Date: _____

Please return to: **Ann Daly, IFPP, 73, Quinn's Road, Shankill, Co. Dublin**
together with a non refundable application fee of €25