

CONFIDENTIAL

APPLICATION ANNEXURE I

ANALYSIS AND PSYCHOTHERAPY

The usual practice of the Training Faculty is NOT to contact an applicant's analyst. If however, the Faculty consider it necessary, does the Faculty have your permission to do so?

This page will be kept confidentially in the SAP office, separately from your application form.

NAME OF APPLICANT:

NAME OF SAP ANALYST:

WHEN DID YOU START ANALYSIS OR PSYCHOTHERAPY?

FREQUENCY OF SESSIONS

From (MM/YYYY)	To (MM/YYYY)	Frequency (x times/week)

PREVIOUS ANALYSIS AND/OR PSYCHOTHERAPY AND/OR COUNSELLING (if applicable)

Please give the names of any previous analysts and/or psychotherapists and/or counsellors, and the name of the training organization to which the she or he belonged, together with dates when you started and finished seeing them and frequency of sessions

Name	Organization	In Analysis		Frequency (x times/week)
		From (MM/YYYY)	To (MM/YYYY)	

Date:

Signature: