

Application: **Admission as a Training Candidate**

Summer Semester  
20

Winter Semester  
20 /

Please mark with a cross:

- Program:**       **Psychoanalysis** (former International)  
 (Master Degree of all academic fields)                       **Analytical Psychotherapy** (BAG)  
 (Master Degree in Medicine or Psychology equivalent to Master  
 Degree in Switzerland)
- E** adults                       **C** (combined program) children and adults                       **K** children and adolescents

Please complete in block letters.

|  |        |                |
|--|--------|----------------|
| Last Name, First Name, Academic Degree |        |                |
| Address, Place                         |        |                |
|  |        |                |
| Phone                                  | E-Mail |                |
| Date of Birth                          | Sex    | Place of Birth |
| Country of Citizenship                 |        |                |

Attach photograph here

**Languages:** (Indicate your mother tongue(s) by an \* and rate your knowledge of other languages as "good", "fair" or "poor"):

|         | Reading | Listening | Speaking | Writing |
|---------|---------|-----------|----------|---------|
| English |         |           |          |         |
| German  |         |           |          |         |
|         |         |           |          |         |
|         |         |           |          |         |
|         |         |           |          |         |

For office use

**Universities or other institutions of higher education** (most recent first):

| Institution and location | from – to | Field of study | Degree and year<br>(awarded or expected) |
|--------------------------|-----------|----------------|--|
|                          |           |                |  |
|                          |           |                |  |
|                          |           |                |  |
|                          |           |                |  |

**Previous personal Analysis or Psychotherapy** (individual or group):

| Type | Number of Sessions | from – to | Name of Analyst – Professional Affiliation or Psychotherapeutic Orientation |
|------|--------------------|-----------|---|
|      |                    |           |   |
|      |                    |           |   |
|      |                    |           |   |
|      |                    |           |   |

**Please turn**

**Profession or Occupation:** Current \_\_\_\_\_ Previous (if any)

**Professional Licenses or Certifications** (if any):

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**Most important Positions**  
(most recent first):

| Organization or Institution | Title or Function | From - to | Full or Part-Time |
|-----------------------------|-------------------|-----------|-------------------|
|                             |                   |           |                   |
|                             |                   |           |                   |
|                             |                   |           |                   |
|                             |                   |           |                   |
|                             |                   |           |                   |

**Publications** (most important titles or representative selection):

**Family Details:**

|                      |                    |                         |
|----------------------|--------------------|-------------------------|
| Marital Status       | Name of Partner    | Partner's date of Birth |
| Partner's Profession | Number of Children | Age of Children         |

**Additional Information:** (Completion of answers or any further information not contained in this form or your curriculum vitae)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_