

Application: **Admission as Training Candidate**

Summer Semester 20\_\_      Winter Semester 20\_\_/20\_\_      Program **E**       Program **K**       Program **C**   
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Please complete in block letters.

Last Name, First Name, Academic Degree		
Address		
Phone	Fax	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 (awarded or expected)

If you do not yet have an advanced academic degree and are not presently trying to earn one, do you have plans to do so in the future?  
 Yes       No

If so, please describe your plans: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied to another psychotherapeutic training institute?      Yes       No

If so, what were the results? \_\_\_\_\_

**Title of Thesis written for your highest Degree:** \_\_\_\_\_  
 \_\_\_\_\_

**Publications** (most important titles):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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

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

Type	Number of Sessions	From – To	Name of Analyst – Professional Affiliation or Psychotherapeutic Orientation

**Family Details:**

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

**References:**

1	Name	
	Address	
2	Name	
	Address	
3	Name	
	Address	

If you are personally known to any members of the Institute, who have not been mentioned above, please list them here: \_\_\_\_\_

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

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