



CPPAA Child Psychoanalytic Psychotherapy Clinical Training Program Application

Personal Details	
Title	Surname
Given Names	
Date of Birth	
Preferred email address for correspondence	

Postal Address for Correspondence	
Number & Street	
Suburb	State
Country	Postcode
Phone (AH)	Phone (BH)
Mobile Number	Facsimile
Other Email Address	
Home Address	
Number & Street	
Suburb	State
Country	Postcode
Phone (AH)	Phone (BH)
Mobile Number	Facsimile
Other Email Address	

**CPPAA Clinical Training Program
Commencing Semester**

Reasons for undertaking course

Large empty rectangular area for providing reasons for undertaking the course.

Tertiary Education Record (please provide a certified copy of academic transcripts/results)

Degree/qualification		Field of study/Major/Specialisation	
Institution			
State		Country	
Year commenced	/	/	Years Enrolled
		Year completed	/ /
Did you complete?	Yes	No	

Employment History – Please provide details of any employment experience that may be relevant to the course application. Supporting documentation i.e. CV or references may be submitted. Please use additional pages if necessary.					
Occupation			Occupation		
Start Date / /	End Date / /		Start Date / /	End Date / /	
Employment Type	FT	PT	Employment Type	FT	PT
Employment Tenure			Employment Tenure		
Continuing	Fixed Term	Casual	Continuing	Fixed Term	Casual
Employer			Employer		
Position and Duties			Position and Duties		

Professional membership (List details of memberships of professional societies/associations)		
Name of society/association	Grade of membership	First year of membership

AHPRA Registration (if applicable)		
Yes/No	AHPRA Registration No.	Profession

Current Working with Children's Check		
Yes/No	Expiry Date:	Comments

Professional Indemnity Insurance		
Yes/No	Private or through place of Employment Insurance Co. and Policy Number.	Expiry Date

Research Experience (Have you conducted any original research or produced any publications that may be relevant to this application? Please provide details, attaching additional documentation if necessary. For publications, list date, name of journal or publisher and title of article.)

Research Details	
Commencement Date / /	Research/ Discipline area
Thesis Title (if known)	
Research Supervisor	Research Supervisor

Two referees

To cover clinical and academic performance

Name	Email and phone	Status/Relationship to applicant

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcript may result in the withdrawal of an offer of a place in the course. I acknowledge the Child Psychoanalytic Psychotherapy Association of Australia (CPPAA) reserves the right to seek from other relevant bodies verification of the standing of my claimed qualifications. I agree to abide by the conditions of this clinical Training program.

Applicant's Signature

Date / /

Please return this application to:

CPPAA New Applicants Coordinator Jeanette Beaufoy
CPPAA Clinical Training Program
Email: Jeanette.Beaufoy@bigpond.com

Or

CPPAA
PO Box 1096
Hawksburn,
Victoria 3142 Australia *

*Please note – if sending a paper copy application by postal mail please let us know via email to Jeanette.Beaufoy@bigpond.com

CPPAA

Email : admin@cppaa.org.au attention to Jeanette Beaufoy

Web : www.cppaa.org.au

Application received on:

Date

Acknowledgment sent on:

Date

Forwarded to CPPAA Training Committee on:

Date.....

Follow up Action

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Signed (Training Committee)Date