



The Guild of Analytical Psychologists

Application for Foundation Course

LONDON or OXFORD	
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Personal details			
Name			
Address			
Home phone no		Work phone no	
Mobile no		Email address	
Date of birth		Nationality	
Do you have a disability? If so, please give details			

Personal Therapy (if any)				
Name and address of your therapist	Date from	Date to	No of hours	Type of therapy

Group Therapy (please give details, if any)
Have you ever had psychiatric treatment or been hospitalised for mental or psychological illness? If yes, please give details

University or Higher Education Please begin with the most recent		
Name of Institution	Dates	Class/type of degree

Please explain briefly why you would like to do this particular course

Signed	
Date	

Please return to the G.A.P. Administrator
4 Ennerdale Road
Reading
RG2 7HH
e: admin@analyticalpsychology.org

Notes

- a) there is a minimum of 5 students required for the course to run
- b) on completion of the course a certificate of attendance will be given
- c) G.A.P. reserves the right to refuse an application