

APPLICATION POST-GRADUATE DIPLOMA PROGRAM

IF YOU HAVE DIFFICULTIES COMPLETING THIS FORM ON YOUR COMPUTER, PLEASE PRINT OUT AND COMPLETE IN LEGIBLE HANDWRITING.

SIGN AND RETURN IN QUADRUPLE BY POSTAL MAIL OR FAX TO ISAPZÜRICH, C/O STUDIES SECRETARIAT.

NAME, ADDRESS, ETC. AS WOULD APPEAR ON

BIRTH (DD/MM/YY) _____ GENDER _____

TELEPHONE _____

FAX _____

EMAIL _____

NATIONALITY _____

FORESEEN TRAINING PATHWAY:

INTERNATIONAL FULL-RESIDENT (IFR)

INTERNATIONAL PART-RESIDENT (IPR)

SWISS PROGRAM (CH)

BEGINNING IN SPRING FALL _____
YEAR _____

I ENCLOSE 4 COPIES EACH OF

HIGHEST DIPLOMA

AUTOBIOGRAPHICAL ESSAY

THIS APPLICATION FORM

RECORD OF PAYMENT,
APPLICATION FEE

CONFIRMATION OF
ANALYSIS HOURS

RECENT PHOTO

THREE REFERENCES EXCLUDING PREVIOUS AND CURRENT ANALYSTS/PSYCHOTHERAPISTS

NAME, ADDRESS, TITLES AS WOULD APPEAR ON ENVELOPE

1 _____

TELEPHONE _____

FAX _____

EMAIL _____

2 _____

TELEPHONE _____

FAX _____

EMAIL _____

3 _____

TELEPHONE _____

FAX _____

EMAIL _____

PLEASE LEAVE BLANK—OFFICE USE

LAST NAME, FIRST NAME _____

LANGUAGE MOTHER TONGUE _____

PROFESSIONAL ACTIVITY

FOR THE FOLLOWING LANGUAGES, PLEASE NOTE YOUR COMPETENCE FROM 0-5, WITH 0 BEING NONE AND 5 THE HIGHEST

ENGLISH

SPEAKING _____ READING _____
LISTENING _____ WRITING _____

GERMAN

SPEAKING _____ READING _____
LISTENING _____ WRITING _____

OTHER _____

SPEAKING _____ READING _____
LISTENING _____ WRITING _____

ORGANIZATION _____

POSITION _____
FULL OR PART-TIME, DATES _____

ORGANIZATION _____

POSITION _____
FULL OR PART-TIME, DATES _____

ORGANIZATION _____

POSITION _____
FULL OR PART-TIME, DATES _____

OTHER _____

FAMILY

MARITAL STATUS _____
PARTNER'S NAME _____
PARTNER'S DATE OF BIRTH _____
NUMBER OF CHILDREN _____
CHILDREN'S AGES _____
OTHER _____

ANALYSIS/PSYCHOTHERAPY

INDIVIDUAL GROUP

NUMBER OF SESSIONS, HOURS _____

ANALYST'S NAME _____

PROFESSIONAL ASSOCIATION _____

INDIVIDUAL GROUP

NUMBER OF SESSIONS, HOURS _____

ANALYST'S NAME _____

PROFESSIONAL ASSOCIATION _____

INDIVIDUAL GROUP

NUMBER OF SESSIONS, HOURS _____

ANALYST'S NAME _____

PROFESSIONAL ASSOCIATION _____

EDUCATION

PLACE _____

DIRECTION OF STUDY _____

DATE OF COMPLETION _____

DEGREE/CERTIFICATE _____

PLACE _____

DIRECTION OF STUDY _____

DATE OF COMPLETION _____

DEGREE/CERTIFICATE _____

PLACE _____

DIRECTION OF STUDY _____

DATE OF COMPLETION _____

DEGREE/CERTIFICATE _____

SELECTION OF MY PUBLICATIONS, LECTURES, ETC.

LAST NAME, FIRST NAME _____

REMARKS, QUESTIONS**PAYMENT METHOD FOR APPLICATION FEE, CHF 150.00**

CREDIT CARD AT <WWW.ISAPZURICH.COM>
PURPOSE: APPLICATION FEE DIPLPROGRAM

BANK TRANSFER

An	ISAP ZUERICH-AGAP, Zürich
IBAN	CH65 0483 5062 2208 7100 0
Clearing-Nr.	4835
SWIFT-BIC	CRES CH ZZ 80A
PURPOSE	APPLICATION FEE DIPLPROGRAM

I UNDERSTAND THAT MY APPLICATION WILL BE FURTHER PROCESSED ONLY WHEN THE ADMISSIONS COMMITTEE HAS RECEIVED ALL THE RELEVANT DOCUMENTS, INCLUDING MY THREE REFERENCES.

I HEREBY CONFIRM THE CORRECTNESS OF THE INFORMATION PROVIDED IN MY APPLICATION, AND THE VALIDITY OF THE ACCOMPANYING DOCUMENTS. I AGREE TO ALLOW VERIFICATION WHEN DEEMED NECESSARY.

DATE_____
SIGNATURE