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**Application Form**

Please complete this form thoroughly.

APSS will respond to each application within the mentioned time frame.

**About me**

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Gender: | [ ]  M [ ]  F |  |
| Birth of Year: |  |  |
| Nationality: |  |  |
| Highest Academic degree: |  |  |
| Profession: |  |  |
| Organization: |  |  |
| Address: |  |  |
| Email: |  |  (photo) |
| Phone/Mobile |  |  |

**I would like to apply for:**

[ ]  Personal Growth / Interest

[ ]  Certificate in *The Fundamental Theory of Analytical Psychology*

 (For those who hold any Master degrees.)

[ ]  Others (Comment if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*APSS will make arrangement for interview for applicant that wishes to pursue the Certification Program with a Jungian Training Analyst.

**Studies / Professional Training**

**Please list your education, degrees & clinical license status:**

|  |  |  |
| --- | --- | --- |
| Duration | Institution/ School | Finishing Document |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional** **Activities:**

|  |  |  |
| --- | --- | --- |
| Duration | Organization | Position/Title |
|  |  |  |
|  |  |  |
|  |  |  |

**Analytical Psychology Training**

**Please list the courses you have taken, including Jungian conferences and training programs: (Put N/A if not applicable)**

|  |  |  |
| --- | --- | --- |
| Duration | Organization, Institution | Conference / Training |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal experiences with Analysis/Psychotherapy**

[ ]  Yes, I am in personal analysis session with a Jungian Analyst (IAAP member) since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Yes, I have had personal analysis experience from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with (Analyst’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Yes, I am in therapy session with a Psychotherapist since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Yes, I have had psychotherapy counseling experience from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  No. I have never experienced personal analysis/ psychotherapy counseling.

[ ]  I am looking for an analyst for myself.

**How did you hear about our trainings?**

[ ]  APSS website [ ]  APSS faculty [ ]  APSS Flyer

[ ]  Friends [ ]  MuShuei.Jung Website [ ]  My Analyst / Therapist

[ ]  Relationship Enhancement Institute

[ ]  Sandplay Therapy Singapore

[ ]  Others (Association / Society) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document to be submitted for those who pursue the Certificate Programs:**

(1) Completed and signed application form

(2) A recent photo

(3) Supporting document of other professional training and certification

(4) Copy of a certificate of the highest academic achievement

(5) Payment of registration fee for the first year program

Confidential Agreement: By assigning my name hereunder, I agree that if I am accepted to participate in the training(s), I will uphold the highest standards of professional confidentiality, adhering strictly all times to all laws and ethics governing the protection of client confidentiality. I agree to disguise any and all identifying information during case presentation, and I agree that I will hold confidential any and all clinical material shared during the course of case presentations. I acknowledge that such intensive study of unconscious material requires significant personal growth and transformation and affirm that I am sufficiently fit physically and emotionally sound to undertake this training. I agree to remain responsible for my own well being throughout the course/training.

**Name:**

**Signature:**

**Date:**

Please mail completed registration form and cheque to **Relationship Enhancement Institute Pte Ltd – 545 Orchard Road, #15-13, Far East Shopping Centre, Singapore 238882.** For further information, you are welcome to email us at **info@jung-sea.com.**