

**APPLICATION
2-YEAR TFP TRAINING**

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(place) (date)

1. First and last name:
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2. Address of residence:.....

3. Company name and Tax ID No. NIP:.....

4. Education: Year of graduation:

5. Place and year of completion of the 4-year School of Psychotherapy:.....

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6. Work history (place, years, nature of duties performed)

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7. Number of psychotherapeutic processes conducted per week, patient characteristics:

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8. Number of patients managed in a 2x weekly setting:

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8. Supervision experience (year of start, number of hours per month, nature of supervision-individual, group, names of supervisors):

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10. Diplomas, certificates, specialisations held (photocopy attached):

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13. Supervisor to whom the candidate is applying:

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Signature: