



Association for Psychoanalytic
Psychotherapy of Western Australia

APPLICATION FOR CLINICAL MEMBERSHIP OF APPWA

The relevant by-laws of APPWA concerning application for Clinical Membership of the Association are as follows:

1 Procedures for Entry

1.1 Clinical Membership. Entry to Clinical Membership may be through completion of the APPWA Training Programme or by equivalency under the APPWA and PPAA Constitutions and By Laws.

1.1.1 Preparation for Application

One role of the membership committee is to educate prospective applicants about the organization, membership requirements, nomination and sponsorship procedures.

1.1.2 Application for Membership

After meeting with prospective applicants the chairperson of the membership committee sends an application form together with information for applicants about the Association. Applicants require references from three professional people who know them and their work.

Membership applicants must be sponsored by two current clinical members of APPWA or past clinical members who have retained retired membership status following retirement.

The Chair of the Membership Committee notifies the Executive and the general membership of APPWA of a prospective application. Members of APPWA are able to contact the chair of the Membership Committee with any issues of concern regarding a prospective applicant. The Membership Committee follows due process which enables any applicant the right to be notified of the content of any information that may affect their application negatively and to reply to such information.

1.2 Assessing Applications for Clinical Membership

1.2.1 Entrance through APPWA Training Programme

The applicant must have completed the APPWA Training programme satisfactorily. The applicant then applies for membership using the appropriate Application Form. The applicant then presents to the members of APPWA the case they have already presented for assessment by the Training Committee or one of the two cases treated under supervision that have satisfied the APPWA training requirements.

1.2.2 Entrance through equivalency

The applicant applies using the appropriate Application Form. The applicant requires nomination and sponsorship by two clinical members of APPWA as well as the three professional references.

The applicant's training and experience is then assessed in terms of equivalency of:

- √¹ membership of an appropriate professional organization
- √¹ participation in a dedicated psychoanalytic psychotherapy training programme comprising didactic, supervision and psychotherapy components taken substantially concurrently.

The Membership Committee then interviews the applicant ensuring that they meet equivalency standards, understand the process of application for membership, are aware of APPWA and its affiliations, and are prepared to present a current case to the membership of APPWA. The Membership Committee may require further supervision or other requirements to fulfill the standards of the Constitution, or of the PPA. The Membership Committee has discretion in assessing equivalency and may bring a recommendation to the Committee of the Association or its Executive for discussion and approval.

The Membership Committee keeps the Committee of the Association or its Executive informed and if standards are approved arranges a case presentation date. The applicant is given instructions about preparing the case and a copy of the assessment form used by members following their presentation. For a child and adolescent psychotherapist applicant, the case presented may be of a client of any age. For these presentations, the membership chair endeavours to ensure the presence of several members of APPWA who are also child and adolescent trained.

APPLICATION FORM FOR CLINICAL MEMBERSHIP

SURNAME _____

GIVEN NAMES _____

CONTACT DETAILS

Home address: _____

Work address: _____

Phone numbers:

Home: _____

Work: _____

Mobile: _____

E-mail address: _____

CURRENT and PREVIOUS POSITION(S) HELD

Organisation	Position	Dates

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Dates	University or Institution	Course and Qualification Awarded

PROFESSIONAL MEMBERSHIPS

Dates	Association	Membership Category/Status

TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY

If the APPWA Training Programme in Psychoanalytic Psychotherapy has been completed:

Date completed: _____

If you have not completed the APPWA Training Programme in Psychoanalytic Psychotherapy (or if you have completed another programme additional to the APPWA Training Programme), please provide a statement indicating the ways in which your academic and professional training has equipped you with an understanding of

psychoanalytic theory

developmental psychology

practice models for psychoanalytic psychotherapy

and attach additional documentation as appropriate.

SUPERVISION IN PSYCHOANALYTIC PSYCHOTHERAPY

Provide details of professional supervision received in the field of psychotherapy, and attach any additional documentation such as references or reports from supervisors, or statement(s) describing the supervision.

Supervision of cases requiring therapy twice-weekly or more frequently:

Dates	Supervisor	Frequency of supervision	Focus of supervision e.g indepth s/v of a case over time or <i>ad hoc</i> discussion of cases

Other psychotherapy supervision:

Dates	Supervisor	Frequency of supervision	Focus of supervision & orientation of supervision e.g indepth s/v of a case over time or <i>ad hoc</i> discussion of cases; psychoanalytic, gestalt therapy, etc.

PERSONAL PSYCHOTHERAPY

Attach a statement summarising your experience of receiving psychotherapy, including the name and theoretical orientation of therapist(s), the commencement and termination dates of the therapy, and the frequency of sessions.

CURRENT PRACTICE IN PSYCHOANALYTIC PSYCHOTHERAPY

Please attach a statement describing your current practice of psychoanalytic psychotherapy.

SPONSORS

Provide the names and addresses of two Clinical Member of APPWA who are willing sponsor your application for Clinical Membership

1. _____

2. _____

DECLARATION

I, the undersigned, declare the information provided in this application form and any attachments to it to be true and accurate. I seek Clinical Membership of the Association for Psychoanalytic Psychotherapy of Western Australia (APPWA). I accept that my application may be rejected without reasons being given. If my application is accepted I agree to be bound by the Constitution and By-Laws of the Association for Psychoanalytic Psychotherapy of Western Australia Inc.

Signed

[Signature of Applicant]

[Signature of Witness]

[Print name]

[Print name]

[Date]

[Date]

Return to:

The Chairperson
Membership Committee
APPWA
PO Box 965
Subiaco
WA 6904