



Association for Psychoanalytic  
Psychotherapy of Western Australia

## **APPLICATION FOR ASSOCIATE MEMBERSHIP OF APPWA**

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

**1.3 Associate Membership.** Suitably qualified and experienced professionals who do not meet the requirements for Clinical membership may apply to be Associate Members of the Association. The applicant applies using the appropriate Application Form. The applicant must be nominated and sponsored by two clinical members of APPWA. Each sponsor will be required to vouch for the applicant's suitability for Associate Membership. At the discretion of the Membership Committee, further professional references may be required.

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.

### **1.3.1 Assessing Applications for Associate Membership**

The Membership Committee assesses the applicant's application in terms of the following requirements of the Association and is satisfied:

(a) That he/she is a professional psychotherapist working in a psychoanalytic modality who has satisfied the requirements of membership in his or her relevant professional body, is in good standing with that body, and who has had relevant professional experience equivalent to 10 years full time. It is anticipated that such a person would possess an appropriate degree although professional equivalency may be considered.

(b) That he/she has had a substantial experience of psychoanalysis or personal psychotherapy.

(c) That he/she has substantial experience of treating patients in a psychoanalytic modality.

(d) That he/she has attended substantial clinical supervision. This should include supervision of long-term, ongoing case(s) worked with in a psychoanalytic modality.

(e) That he/she possesses a substantial understanding in breadth and depth of developmental psychology, psychoanalytic and psychodynamic theory, and the techniques of psychoanalytic psychotherapy.

(f) That he/she is currently engaged in the practice of psychoanalytic psychotherapy.

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

Associate Members may not hold office or have voting rights in the Association. They may be members of committees, but not chairs. They will not have membership of the Psychoanalytic Psychotherapy Association of Australasia. They are expected to abide by the APPWA Constitution, By Laws and Code of Ethics.

#### **1.4 Case Presentation**

The applicant presents a current or recently completed case to the membership of APPWA. The purpose of the case presentation is to provide both the membership of APPWA, and the applicant, with an opportunity to evaluate the likelihood of a mutually beneficial association. The applicant is introduced to the group and members of APPWA who are present introduce themselves to the applicant. The applicant is given 40 minutes to present the case which should be in written form so that the applicant can add material spontaneously and relate to the group. The group then engages in mutual exploration of the case during the following 20 minutes. The applicant leaves and the presentation is discussed by the members present. The members then fill out the assessment form and ensure that it is received by the Chairperson within seven days.

The Membership Committee makes a recommendation to the Executive. The Executive may decide, according to the Constitution and with the information provided, that the membership of the applicant is or is not in the best interests of the Association. The President of APPWA sends a letter advising the applicant of the outcome, and where appropriate, including copies of the Constitution and By-laws, Privacy Act requirements, and a form to be completed with details for publication on the publishable list of members and the private list of members.

Should an application be refused, procedures of natural justice apply to the above procedures. The applicant may be invited to complete bridging requirements and re-present for membership.

**APPLICATION FORM FOR ASSOCIATE 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**

<b>Dates</b>	<b>Association</b>	<b>Membership Category/Status</b>

**TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY**

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.

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

**PERSONAL PSYCHOTHERAPY**

Provide 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.

**SPONSORS**

Provide the name and address of two Clinical Member of APPWA who are willing sponsor your application for Associate 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 Associate 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**

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[Signature of Applicant]

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[Signature of Witness]

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[Print name]

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[Print name]

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[Date]

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[Date]

**Return to:**

The Chairperson  
Membership Committee  
APPWA  
PO Box 965  
Subiaco  
WA 6904