**BRITISH JUNGIAN ANALYTIC ASSOCIATION (BJAA)**

**Application form for Training Supervisor to work with 3x Weekly Jungian Analytic trainees**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Tel. No. |  |
| Work Tel. No. |  |
| Mobile No. |  |
| E-mail |  |
| BPC Registration Number |  |
| Name of Training Body and date (month and year) in which you qualified |  |

|  |
| --- |
| Please outline your current practice – number of hours and frequencies with which patients are seen, settings worked in. |
|  |
|  |

|  |
| --- |
| Please give very brief outlines of your work with two patients, not training patients, seen intensively since training. |
|  |

|  |
| --- |
| What in-put have you received on your work as a supervisor: courses, supervision of supervision, your own study? |
|  |

|  |
| --- |
| What is your experience of supervising non-intensive and intensive work, whether in institutional settings, in private practice, or in peer supervision. |
|  |

|  |
| --- |
| What supervision arrangements do you have in place? |
|  |

|  |
| --- |
| What will you need to develop to play the role effectively and are there ways in which we can help support that development? |
|  |

**Names and address of referee:**

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature: Date:**

***Please return the completed application to the training manager at*** [***bjaatraining@bpf-psychotherapy.org.uk***](mailto:bjaatraining@bpf-psychotherapy.org.uk)

***NB****: Please use additional sheets where necessary*