



MEMBERSHIP QUESTIONNAIRE

(Please fill in the questionnaire using a computer, or with legible handwriting.)

Full name:

Address:

E-mail:

Phone number:

1) Education, university graduation date:

2) Training in psychodynamic psychotherapy

training end date:

date of receiving a diploma in the training

centre:

training centre:

training supervisor:

3) Psychotherapeutic experience

starting date of applying psychodynamic
psychotherapy:

institution where the psychodynamic
psychotherapy is applied:

The Psychotherapist Certificate:

4) I agree to receive all the information from the Board of the Polish Society for Psychodynamic Psychotherapy (with the main office on Krakow) by e-mail, particularly the information about dates of the general meetings (refers to art.23, act 5 of the Statute).

I apply for accepting me as a member of the Polish Society for Psychodynamic Psychotherapy. I hereby represent that I shall abide by the Code of Ethics of the Polish Society for Psychodynamic Psychotherapy in all my psychotherapy and supervision work.

Date:

Signature:

Introducing persons (ordinary members of PSPP)

a/

(Signature)

b/

(Signature)

Decision of the Board of the Polish Society for Psychodynamic Psychotherapy
On.....20.....year the Board of PSPP decided to accept the candidate as an
ordinary/extraordinary member

The Board of PSPP