C.G. Jung-Institute Zürich, Hornweg 28, CH-8700 Küsnacht 1050 Phone: +41 44 914 10 43 Email: quaglia@junginstitut.ch



	, ,							
Application:	Admission	as a Train	ing Candidate		Summer Semest 20		emester /	
Please mark with	a cross:							
Program:	☐ Psychoa (Master Degi	inalysis (form ee of all acad	ner International) demic fields)	(Analytical Psyc Master Degree i Degree in Switze	hotherapy (BAG) in Medicine or Psychology equivalent to Master irland)		
	☐ E adults ☐ C (combined program) children and adults ☐ K o						ildren and adolescents	
lease complete i		io Dograo						
		Attach photograph here						
Address, Place								
Phone		Fax		E-Mail				
Date of Birth				Place of Birth				
		Sex		Flace of Billi				
Country of Citizer	nship							
anguages (Indi	icate vour moth	per tonque(e)	by an * and rate	vour knowle	adde of other lar	nguages as "good",		
fair" or "poor"):	icate your moti	iei torigue(s)	by all and rate	your knowle	age of other lar	iguages as good,		
Reading		g Listenir	Listening		Writing	For office use		
English								
German								
niversities or o	ther institution	ns of higher	education (most re	ecent first):	l			
			from -	n – to Field of study		eld of study	Degree and year	
				,		(awarded or expected)		
revious person	al Analysis or	Psychothera	ipy (individual or g	roup):				
Type Number of Sessions from –			from – to	Name of Analyst – Professional Affiliatio			or Psychotherapeutic Orientation	
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Profession or Occupation: Current	Previous (if any)				
Professional Licenses or Certifications (if any):					
_					
Most important Positions most recent first):	Organization or Institution	Title or Function	From - to	Full or Part-Time	
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-					
Dublications (mark important titles and				- L	
Publications (most important titles or r	epresentative selection):				
Family Details:					
Marital Status	Name of Partner	Partne	Partner's date of Birth		
Partner's Profession	Number of Children	Age of	Age of Children		
Additional Information: (Completion of	of answers or any further information not o	ontained in this form or your cui	riculum vitae)		
Date:	Signature:				