

**MEMBERSHIP APPLICATION FORM UNDER THE  
"EQUIVALENCY CLAUSE"**

- Clinical Member**
- Associate Member\***

**\*NZIPP may admit to a category of Associate Membership applications that are deemed to meet most but not all the requirements for full Clinical Membership. Such Associate Members may not hold office or have voting rights; they will not be entitled to membership of the PPAA. They may attend meetings and participate in the decision making of NZIPP at the discretion of the Members Organisation of which they hold Associate Membership.**

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**Name:**

**Address:**

**Position currently held:**

**Academic Qualifications:** (list titles, years, institutions):

**Professional Registration:**

**Professional memberships, fellowships, etc:**



**Training in psychotherapy:** (list details of didactic components, theoretical frames of reference, hours of didactic, hours of supervision, names of supervisors in the context of the training programme).

**Experience in Psychotherapy:** (list chronologically and state hours of clinical practice, hours of supervision, names of supervisors and institutions in the context of the practice).

**Personal Psychotherapy experience:** (List years, frequency of visits, theoretical frame)

**Current practice:** (describe your professional orientation, current supervision)

**Supervisory practice:** (detail any specific training in supervision, current practice)

**Major professional influences:** (describe the main influencing factors in your professional journey).



**Motivation for applying to NZIPP:** (describe the main reason and motivation for wanting to join NZIPP, as well as the contribution you want to make).

**Referees:** (name three professional referees who know your current work)

- 1.
- 2.
- 3.

**DECLARATION:** I, the undersigned, declare the above and attached details to be true and accurate. I seek membership of the Institute of Psychoanalytic Psychotherapy (IPP) under the “Equivalency Clause” in that I have received training which I believe is equivalent to that of the Institute Training Programme. I understand and accept that this application will be examined by the Membership Committee of the Institute and that it may be accepted or rejected.

Signed (applicant):

Date: