

**Expression of Interest in the Centre for Lacanian Analysis Aotearoa New Zealand Clinical Training in Psychoanalysis**

**Full Name:**

**Email:**

**Phone contact details:**

**City of residence:**

**CLA membership Yes/No**

**Engagement with psychoanalysis in the Lacanian field**

**Please write a description of your engagement to date with psychoanalysis and the Lacanian field. This might include active memberships of organisations in the field, whether you are in a psychoanalysis, current qualifications or educational enrolments, your interest in training as a clinician and anything else which relates to your desire to become a candidate of the training. Feel free to continue over the page.**