**MÓDULO I**

INSTITUTO DE ENSINO DA SOCIEDADE BRASILEIRA DE PSICANÁLISE DO RIO DE JANEIRO

FICHA DE INSCRIÇÃO PARA POSTULANTE AO INSTITUTO DA SBPRJ

INSCRIÇÃO A PARTIR DO PROGRAMA SOCIAL/RACIAL: ( ) SIM ( )NÃO

NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENDEREÇO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEL.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA DE NASCIMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NACIONALIDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SE NATURALIZADO, EM QUE DATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTODECLARAÇÃO RACIAL (IBGE):

AMARELA ( ) BRANCA ( ) INDÍGENA ( ) PARDA ( ) PRETA ( )

PAI (Nome Completo, Profissão, Idade): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MÃE (Nome Completo, Profissão, Idade): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IRMÃOS (Nome Completo, Profissão, Idade): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SE CASADO: HÁ QUANTO TEMPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CÔNJUGE (Nome Completo, Profissão, Idade): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nº DE FILHOS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IDADES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEXOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESCOLARIDADE:

1º GRAU – Colégio e ano de formatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2º GRAU - Colégio e ano de formatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CURSO SUPERIOR – Faculdade, curso e ano de formatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REGISTRO DE DIPLOMA – Onde, data e número de registro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CARTEIRA DO CONSELHO REGIONAL Nº: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVALIDAÇÃO DO DIPLOMA – Onde, data e número de registro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Se ESTUDANTE, qual a Faculdade e ano que frequenta; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PÓS-GRADUAÇÃO - Curso, local, início e término: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LÍNGUAS ESTRANGEIRAS:

IDIOMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fala: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escreve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lê: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDIOMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fala: \_\_\_\_\_\_\_\_\_\_\_\_\_ Escreve: \_\_\_\_\_\_\_\_\_\_\_\_Lê: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIDA PROFISSIONAL:

Profissão e cargo que exerce no momento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experiência profissional prévia – áreas de atuação e cargos que exerceu

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Experiência clínico-hospitalar – Psiquiátrica e outras \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experiência clínico-ambulatorial – Psiquiátrica e outras: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prática clínica privada (dar detalhes): tempo, características de atendimento, etc.:

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Trabalho Clínico sob Supervisão (Supervisor, tempo, características): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Trabalhos Científicos apresentados e/ou publicados:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experiências de magistério: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outras atividades:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sociedades Científicas de que fez ou faz parte, incluindo cargos exercidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outros Cursos (especificar os cursos e dar detalhes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dirigiu-se anteriormente a outro Instituto similar, solicitando inscrição para treinamento psicanalítico? (dar detalhes:qual, quando e durante quanto tempo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Em caso positivo:

 Seminários teóricos realizados (especificar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Seminários clínicos realizados (especificar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Supervisões realizadas? (especificar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ANÁLISE PESSOAL (Analista/s, respectivo tempo de análise, freqüência das sessões): \_\_\_\_\_\_\_\_\_\_\_\_

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REFERÊNCIAS (dar nomes, endereços e telefones de pessoas que o/a conheçam): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Escreva sobre os motivos que o/a levam a procurar ser Psicanalista e o porquê da escolha da SBPRJ

(utilizar a pág. 7 - separada)

OBSERVAÇÃO: Caso os espaços não sejam suficientes, favor utilizar o verso das folhas.

Data: / /

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 Assinatura

Espaço a ser preenchido pela Secretaria do Instituto da SBPRJ:

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ESCREVA SOBRE OS MOTIVOS QUE O/ A LEVAM A PROCURAR SER PSICANALISTA E O PORQUÊ DA ESCOLHA DA SBPRJ:

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