**Academy of Play and Child Psychotherapy**

### Post Graduate Certificate in Therapeutic Play Skills

### Application Form

**Course Venue ………………………….**

**Starting date of course ………………………**

**How did you hear about the course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1 Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | ............................................................................................ | | |
| First name(s) | ............................................................................................ | | |
| Address | ............................................................................................ | | |
|  | ............................................................................................ | | |
| City/Town | ............................................................................................ | | |
| County | ............................................................................................ | | |
| Post Code | ............................................................................................ | | |
| Country | ………………………………………………………………….. | | |
| Phone No (Home) | ............................................................................................ | | |
| (Work) | ............................................................................................ | | |
| Mobile | ............................................................................................ | | |
| E-mail | ………………………………………………………………….. | | |
| DOB | ............................................................................................ | Male/Female | ……………….. |

**2 Education/Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Course** | **Training Organisation** | **Course Name** | **Qualification Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Experience**

If you have worked with children, please describe your experience.

# Reasons for Attending

# Work experience during the past 5 years

1. **Emergency Contact Details**

**Name:**

**Relationship to Applicant:**

**Contact No: Email:**

# Name, Address and Email of 2 referees one of whom should be your supervisor, current employer or equivalent

# Where are you intending to do your placement?

1. **Ethnic Origin:**

Please amend if incorrect or tick one code from list:

11. White British 31. Indian 42. White & Black African

12. White Irish 32. Pakistani 43. White & Asian

13. White Other 33. Bangladeshi 49. Other mixed background

21. Black Caribbean 34. Chinese 80. Other

22. Black African 39. Asian Other 98. Information Refused

23. Black Other 41. White and Black Caribbean

1. **Please provide details of any existing Health Conditions,**

**that we should be aware of eg diabetes, epilepsy, asthma, and**

**any allergies including Food Allergies**

**11. Disability**

|  |  |  |
| --- | --- | --- |
| DISABILITY |  | I have NO disability  I have a disability and current in receipt of disabled allowance  I have a disability, but not in receipt of Disabled Student allowance  I have a disability but information about Disabled Student allowance isn’t known |
|  |
|  |
|  |
| DISABILITY TYPE |  | No known disability  Dyslexia  Blind/are partially sighted  Deaf/have a hearing impairment  Wheelchair user/have mobility difficulties  Personal care support  Mental health difficulties  Multiple disabilities  A disability not listed above  Autistic Spectrum Disorder |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

If you have ticked any of the above boxes please give further details of how

The disability might affect your academic assignments and clinical practice.

**12. Declaration of undertaking:**

I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, or failure to disclose information relevant to this application may result in my application being rejected/registration being terminated and/or may lead to legal proceedings.

**I agree to supply any information that I am asked for, in relation to this application. I Understand that this information will be treated in confidence.**

**I understand that the Academy of Play and Child Psychotherapy’s administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored on computer and may be verified against other information which I have passed on to other public bodies.**

**13. Payment**

**To secure your place on the course, please return your application form via email to** [**ptausnz@outlook.com**](mailto:ptausnz@outlook.com)**. You will need to also attach a receipt for the payment of your $500NZ deposit. Please transfer only NZ dollars into this account.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank:** |  | **HSBC International Branch, London EC3M 4BA** | | | | |  |
| **Address:** |  | **HSBC UK Bank PLC, 1 Centenary Square, Birmingham B1 1HQ** | | | | | |
| **Acc Name:** | | **Play Therapy International Ltd** | | |  |  |  |
| **Acc No:** |  | **73989656** |  |  |  |  |  |
| **Sort Code:** | | **401276** |  |  |  |  |  |
| **SWIFT/BIC:** | | **HBUKGB4B** | |  |  |  |  |
| **IBAN:** |  | **GB66HBUK40127673989656** | | |  |  |  |

**Signature ………………………………………………….. Date ……………….**

## For Office Use Only

|  |  |
| --- | --- |
| CRB |  |
| References received |  |
| Placement form given |  |
| Insurance |  |
| Accepted /Date |  |
| Authorised by |  |