



Academy of Play and Child Psychotherapy
Post Graduate Certificate in Therapeutic Play Skills
Application Form - for Hamilton, New Zealand

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

3 Experience

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

4 Reasons for Attending

5 Work experience during the past 5 years

6. Emergency Contact Details**Name:****Relationship to Applicant:****Contact No:****Email:****7. Name, Address and Email of 2 referees one of whom should be your supervisor, current employer or equivalent****8. Where are you intending to do your placement?****9. 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 | |

10. 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

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

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 please pay your deposit of \$NZ500, (this being part of the total fee) by Bank transfer to:

**HSBC, International Branch, 60 Fenchurch Street, London EC3M 4BA
A/C name: Play Therapy International Limited, Account number: 73989656,
Sort Code: 40-05-15 BIC: MIDLGB22 IBAN No: GB10 MIDL 4005 1573 9896 56**

Then return your application form electronically with your payment reference to shazsooz@gmail.com

Signature **Date**

For Office Use Only

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