

Academy of Play and Child Psychotherapy Play Therapy Diploma Application Form

Course Venue	
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Starting date of course

How did you hear about the course?

1 Personal Details – PLEASE PRINT VERY CLEARLY IF NOT TYPING

Surname	
First name(s)	
Address	
City/Town	
County	
Country	
Post Code	
Phone No (Home)	
(Work)	
Mobile	
E-mail	
DOB	Gender M/F
Nationality	Country of Birth

2 Education/Training, particularly in Play Therapy

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3 Experience

For your Certificate in Play Therapy or similar, you need to have completed at least 100 hours of supervised play therapy with children, 25% could have been with adults.

Students may apply for the Diploma course providing they will have completed 50 clinical hours before the course commences.

Please describe your experience and list your hours and location(s)

4 Reasons for attending

5 You need to have completed a case study for your Certificate in Play Therapy. Please describe briefly what you did. 6 Did you keep a Process Diary during your Certificate Course and was it evaluated? If so by whom? Please give their name.

7 Name, Address and Email of 2 referees one of whom should be your supervisor of the 100 hrs of play therapy, and the other your current employer or equivalent for the reference

8. Ethnic Origin:

Please amend if incorrect or tick one code from list: 31. Indian

11. White British

- 12. White Irish
- 13. White Other

23. Black Other

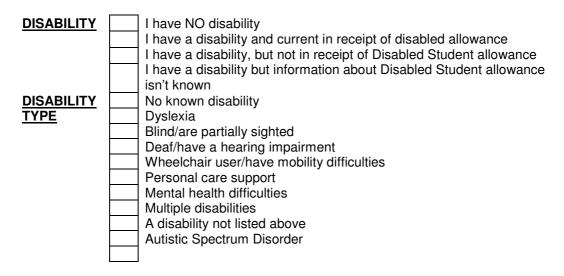
- 21. Black Caribbean 22. Black African
- 34. Chinese

32. Pakistani

33. Bangladeshi

- 39. Asian Other
 - 41. White and Black Caribbean
- 42. White & Black African
- 43. White & Asian
- 49. Other mixed background
- 80. Other
- 98. Information Refused
- 9. Please provide details of any existing Health Conditions, that we should be aware of eg diabetes, epilepsy, asthma, and any allergies including Food Allergies

10. Disability



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.

11. Emergency Contact Details

Name:

Relationship to Applicant:

Contact No:

Email

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

2

To secure your place on the course, please return your application form electronically to <u>ptausnz@outlook.com</u>. and pay your deposit of NZ\$500 (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: 40-12-76 BIC NO: HBUKGB4B IBAN No: GB66 HBUK4012 7673 9896 56

Signature Date