



Play Therapy New Zealand

Membership Application Form

Your contact details:							
<i>Full name & title:</i>							
Address:							
Organisation (if applicable)							
Building/number/street							
City/Town							
State/County							
Postcode/Zipcode							
Country							
		Country Code	STD/Area Code	Number			
Telephones (Home)							
(Office)							
(Mobile)							
(Fax)							
Email Address							
Grade applied for: (please circle one only)	Trainee	Practitioner	Full Member - Certified	Full Member - Accredited	PTI Certified Supervisor (if not already full member)	Associate Member	Approved Supervisor
	NZ\$120	NZ\$270	NZ\$300	NZ\$320	NZ\$220	NZ\$120	NZ\$120

Academic Background				
	<i>Specialisation/ Course Description</i>	<i>Awarding Institution</i>	<i>Level of Award</i>	<i>Date Awarded</i>
1				
2				
3				
4				
Practice and Employment Record (if relevant):				
	<i>Brief Job Description</i>	<i>Organisation</i>	<i>No Hours Clinical Contact with Children</i>	<i>Dates</i>
Please concisely give any other information you feel is relevant to this application:				

In making this application I acknowledge that if accepted as a Member of Play Therapy New Zealand and I work therapeutically with children, I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.

Signature: _____ Date: _____

Please return this form together with a **passport style photograph** and a cheque for the appropriate membership fee (payable to Play Therapy International).

Payment may also be made online at: <http://www.playtherapyshop.com/>

If paid online your form and photo may be emailed to apacorg@aol.com.

If paying by cheque, please post to:

Play Therapy International, The Coach House, Belmont Road, Uckfield, East Sussex, TN22 1BP, UK

If you have any queries please email ptiorg@aol.com