



**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

**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

<b><u>DISABILITY</u></b>	<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
<b><u>DISABILITY TYPE</u></b>	<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"/>	

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 electronically to [ptausnz@outlook.com](mailto:ptausnz@outlook.com). You will then be advised how to pay your deposit of NZ\$500

Signature ..... Date .....

**For Office Use Only**

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