



**Academy of Play and Child Psychotherapy**  
**Play Therapy Diploma**  
**Application Form**

Course Venue .....

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**

<b>Dates of Course</b>	<b>Training Organisation</b>	<b>Course Name</b>	<b>Qualification Obtained</b>

**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:

- |                     |                               |                            |
|---------------------|-------------------------------|----------------------------|
| 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 |                            |

**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**

<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.

**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:**

**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 .....**

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