



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

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:

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

<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"/>

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. 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

: