



**Academy of Play and Child Psychotherapy**  
**One-day Course – An Introduction to Play Therapy**  
**Application Form**

Starting date of course.....

Course Venue.....

How did you hear about the course? \_\_\_\_\_

**1 Personal Details**

Surname\* .....

First name(s)\* .....

Address\* .....

City/Town\* .....

County .....

Post Code\* .....

Phone No (Home)\* .....

(Work) .....

(Mobile) .....

E-mail\*

DOB\* ..... Male/Female\*

**2 Education/Training**

(Enter up to 4 relevant courses)

| Dates of Course | Training Organisation | Course Name | Qualification Obtained |
|-----------------|-----------------------|-------------|------------------------|
|                 |                       |             |                        |
|                 |                       |             |                        |

| Dates of Course | Training Organisation | Course Name | Qualification Obtained |
|-----------------|-----------------------|-------------|------------------------|
|                 |                       |             |                        |
|                 |                       |             |                        |

### 3 Experience

If you have worked with children, please describe your experience.

### 4 Reason for Attending

### 5 Work experience during the past 5 years

**6 Please provide details of any existing Health Conditions, that we should be aware of eg diabetes, epilepsy, asthma, and any allergies including Food Allergies**

To secure your place on the course, please pay by credit/debit card at [www.playtherapyshop.com/Miscellaneous Purchases](http://www.playtherapyshop.com/Miscellaneous%20Purchases). Please use your surname and venue as the payment reference.

Then return your application form electronically with your payment reference to [contact@apac.org.uk](mailto:contact@apac.org.uk)

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