



Confidential

**One-day Course – An Introduction to Play Therapy
Application Form**

Starting date of course.....

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 3 relevant courses)

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

Please return this form with your course fee €190 to secure your place to:
APAC, The Coach House, Belmont Road, Uckfield, East Sussex, TN22 1BP UK

Cheques payable to PTI, please. Unfortunately we cannot accept Postal Orders.

Signature Date