



Academy of Play and Child Psychotherapy
Play Therapy Certificate – 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)

Fax

E-mail

DOBGender M/F.....

NationalityCountry of Birth.....

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 Names, full postal addresses and tel. nos. of 2 referees one of whom should be your supervisor, current employer or equivalent**

7 Where are you intending to do your placement?

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. National Insurance Number:.....

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.

Please return completed forms with a cheque deposit of €400, made payable to PTI and send to: Monika Jephcott, Clinical Director and Admissions, APAC, The Coach House, Belmont Road, Uckfield, East Sussex TN22 1BP
The deposit is non-refundable and covers interview and all admission administration.

Signature Date

For Office Use Only

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