



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)

DOB Gender M/F.....

Address

City/Town

County

Post Code

Country

Phone No (Home)

(Work)

Mobile

E-mail

National Ins Number

NationalityCountry 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. 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"/>	An unseen disability, e.g. diabetes, epilepsy, asthma
	<input type="checkbox"/>	Multiple disabilities
	<input type="checkbox"/>	A disability not listed above
	<input type="checkbox"/>	Autistic Spectrum Disorder

If you have ticked any of the above boxes please give further details of how the disability might affect your academic assignments

