

**Play Therapy Course – Application Form / Ireland
Introduction to Play Therapy (Day course)**

Venue: _____

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

Post Code

Country

Phone No (Home)

(Work)

Mobile

E-mail

Date of BirthGender M/F.....

2 Training/Background

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 Emergency Contact Details

Name:

Relationship to Applicant:

Contact No.

Email:

Please return your completed form to **PTI Ltd at The Coach House, Belmont Road, Uckfield, East Sussex TN22 1BP**

Please ✓ payment option:

- I enclose a cheque for **€190** (payable to Play Therapy International)
- I will pay by credit card at www.playtherapyshop.com – Miscellaneous Purchases – please use surname and venue as reference
- Please invoice my company for the full amount (please provide Invoicing address and contact name)

If paying by card as above, you may return your application form via email together with your payment confirmation message directly to the Admissions Department at APAC – contact@apac.org.uk

Signature Date

N.B Please notify us as soon as possible if you find you are unable to attend on this date. You may then transfer your application to the next available course.