



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)

Address

City/Town

County

Country

Post Code

Phone No (Home)

(Work)

Mobile

E-mail

NationalityCountry of Birth.....

DOB Male/Female.....

2 Education/Training, particularly in Play Therapy

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

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

10. 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"/> | Multiple disabilities |
| | <input type="checkbox"/> | A disability not listed above |
| | <input type="checkbox"/> | Autistic Spectrum Disorder |
| | <input type="checkbox"/> | |

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

11. Emergency Contact Details

Name:

Relationship to Applicant:

Contact No:

Email:

12. 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 this with a cheque deposit for € 400 (payable to Play Therapy International) as part of the total fee to secure your place to: Monika Jephcott, Clinical Director and Admissions, The Coach House, Belmont Road, Uckfield, East Sussex TN22 1BP.

The deposit is non-refundable and covers interview and all admission administration

12. Payment options

Please ✓ payment option:

- I enclose a cheque for **€400** (payable to Play Therapy International Ltd)
- I will pay by credit/debit card at www.playtherapyshop.com – Miscellaneous Purchases – please use your surname and venue as reference
- Please invoice my company for the full amount (please provide invoicing address and contact name below)

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