



Academy of Play and Child Psychotherapy
Play Therapy Diploma
Application Form – For Mosta, Malta

Course Venue

Starting date of course

How did you hear about the course? _____

1 Personal Details

Surname

First name(s)

Address

DOB Gender M/F.....

City/Town

County

Post Code

Phone No (Home) Mobile:.....

(Work)

Fax

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.

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 Tel. No. 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. 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 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 which covers all admission administration is non-refundable if the application is then cancelled by you.

Signature Date

For Office Use Only

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