



Academy of Play and Child Psychotherapy
Post Graduate Certificate in Therapeutic Play Skills
Application Form - for Australia

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

Post Code

Country

Phone No (Home)

(Work)

Mobile

E-mail

Nationality

DOB Male/Female

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. Emergency Contact Details**Name:****Relationship to Applicant:****Contact No.****Email:****7. Name, Address and Email of 2 referees one of whom should be your supervisor, current employer or equivalent****8. Where are you intending to do your placement?****9. 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 | |

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

11. 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.

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.

13. Payment

To secure your place on the course, please pay your deposit of AU\$ 500) by credit/debit card at www.playtherapyshop.com/Miscellaneous Purchases. The deposit is part of the total course fee. Please use your surname and venue as the payment reference.

Then return your application form electronically with your payment reference to Sha-rin Low at: shazsooz@gmail.com

Signature Date

For Office Use Only

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