

	<p><b>Post Qualifying Filial Training Course</b></p>
	<p><b>Application Form</b>                  (This course exempts successful participants from any other CPD activities in 2017)</p>
<p><b>Starting Date of Course: .....</b></p> <p><b>How did you hear about the course? .....</b></p>	

**1. Personal Details**

Surname .....

First name(s) .....

Address .....

.....

City/Town .....

County .....

Post Code .....

Country .....

Phone No (Home) .....

(Work) .....

Mobile .....

E-mail .....

D.O.B .....

**2. Education/Training**

Dates of Course	Training Organisation	Course Name	Qualification Obtained

**3. Experience**

**4. Declaration of undertaking:**

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.

To secure your place, please email your completed application form to Sha-rin Low at: shazsooz@gmail.com

**5. Payment options**

**Please ✓ payment option:**

- I will pay by credit/debit card at [www.playtherapyshop.com](http://www.playtherapyshop.com) – Miscellaneous Purchases – please use your surname and course name as reference

Signature ..... Date .....

**Emergency Contact Details**

**Name:**

**Relationship to Applicant:**

**Contact No:**