

Play/Creative Arts Therapy Supervisor – PTI Application Form

Starting date of course.....

Venue

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

D.O.B

**2 Education/Training, particularly in Counselling/
Psychotherapy/Play/Creative Arts Therapy**

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3 Experience.

For your Certificate in Play/Creative Arts Supervision you need to have a Professional qualification to at least Diploma level in one of the above areas. You must have been in supervised practice in one of the above therapies for at least 2 years after qualification with a minimum of 300 hours of clinical practice and/ or have supervised for at least 60 hours.

Please describe your experience and list your hrs and location(s)

4 Reasons for Attending

5. Please describe briefly your philosophy of supervision

6. Are you/have you been in personal therapy during the course?

7. How many hours of clinical supervision have you done? Where? In what client group?

8. Name, Address and Email of 2 referees one of whom should be your supervisor and the other your current employer or equivalent for the reference (For those who have not previously completed the Certificate & Diploma course),

9. 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 application form to Sha-rin Low at: shazsooz@gmail.com together with your payment confirmation message.

10. Payment options

Please ✓ payment option:

- I will pay by credit/debit card at www.playtherapyshop.com –
Miscellaneous Purchases – please use your surname and venue as reference

Signature Date

Emergency Contact Details

Name:

Relationship to Applicant:

Contact No:

Membership of PTI/PTAU is required for attending this course