



**If you have not done your training with APAC please complete
Play/Creative Arts Therapy Supervisor – Application Form**

Starting date of course.....

How did you hear about the course? _____

1 Personal Details

Surname

First name(s)

Address

.....

City/Town

County

Post Code

Phone No (Home) Mobile.....

(Work)

Fax

E-mail

**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 with a minimum of 100 hours a year 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 Tel. No. of 2 referees one of whom should be
your supervisor and the other your current employer or equivalent for
the reference**

Signature Date