



Academy of Play and Child Psychotherapy
One-day Course – An Introduction to Play Therapy
Application Form

Starting date of course.....

Course Venue.....

How did you hear about the course? _____

1 Personal Details

Surname*

First name(s)*

Address*

.....

City/Town*

County

Post Code*

Phone No (Home)*

(Work)

(Mobile)

E-mail*

DOB* Male/Female*

2 Education/Training

(Enter up to 4 relevant courses)

Dates of Course	Training Organisation	Course Name	Qualification Obtained

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3 Experience

If you have worked with children, please describe your experience.

4 Reason for Attending

5 Work experience during the past 5 years

Please return this on completion with your course fee of \$200 AUD to: Claire Owen, Be Centre, Unit 11/9 Apollo Street, Warriewood NSW 2102

Signature Date