



**Academy of Play and Child Psychotherapy**  
**Five-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

<b>Dates of Course</b>	<b>Training Organisation</b>	<b>Course Name</b>	<b>Qualification Obtained</b>

**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 \$1660 AUD to: Claire Owen, Be Centre, Unit 11/9 Apollo Street, Warriewood NSW 2102

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