



Academy of Play and Child Psychotherapy
Post Graduate Certificate in Therapeutic Play Skills
Application Form

Course Venue

Starting date of course

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
Nationality
DOB Male/Female

2 Education/Training

| Dates of Course | Training Organisation | Course Name | Qualification Obtained |
|-----------------|-----------------------|-------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

3 Experience

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

4 Reasons for Attending

5 Work experience during the past 5 years

6. Emergency Contact Details**Name:****Relationship to Applicant:****Contact No.****Email:****7. Name, Address and Email of 2 referees one of whom should be your supervisor, current employer or equivalent****8. Where are you intending to do your placement?****9. Ethnic Origin:**

Please amend if incorrect or tick one code from list:

- | | | |
|---------------------|-------------------------------|----------------------------|
| 11. White British | 31. Indian | 42. White & Black African |
| 12. White Irish | 32. Pakistani | 43. White & Asian |
| 13. White Other | 33. Bangladeshi | 49. Other mixed background |
| 21. Black Caribbean | 34. Chinese | 80. Other |
| 22. Black African | 39. Asian Other | 98. Information Refused |
| 23. Black Other | 41. White and Black Caribbean | |

10. Please provide details of any existing Health Conditions, that we should be aware of eg diabetes, epilepsy, asthma, and any allergies including Food Allergies

11. Disability

| | | |
|-------------------------------|--------------------------|--|
| <u>DISABILITY</u> | <input type="checkbox"/> | I have NO disability |
| | <input type="checkbox"/> | I have a disability and current in receipt of disabled allowance |
| | <input type="checkbox"/> | I have a disability, but not in receipt of Disabled Student allowance |
| | <input type="checkbox"/> | I have a disability but information about Disabled Student allowance isn't known |
| <u>DISABILITY TYPE</u> | <input type="checkbox"/> | No known disability |
| | <input type="checkbox"/> | Dyslexia |
| | <input type="checkbox"/> | Blind/are partially sighted |
| | <input type="checkbox"/> | Deaf/have a hearing impairment |
| | <input type="checkbox"/> | Wheelchair user/have mobility difficulties |
| | <input type="checkbox"/> | Personal care support |
| | <input type="checkbox"/> | Mental health difficulties |
| | <input type="checkbox"/> | Multiple disabilities |
| | <input type="checkbox"/> | A disability not listed above |
| | <input type="checkbox"/> | Autistic Spectrum Disorder |
| | <input type="checkbox"/> | |

If you have ticked any of the above boxes please give further details of how the disability might affect your academic assignments and clinical practice.

12. Declaration of undertaking:

I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, or failure to disclose information relevant to this application may result in my application being rejected/registration being terminated and/or may lead to legal proceedings.

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.

13. Payment

To secure your place on the course, please return your application form electronically to ptausnz@outlook.com. You will then be advised how to pay your deposit of AU\$500 .

Signature Date

For Office Use Only

| | |
|----------------------|--|
| CRB | |
| References received | |
| Placement form given | |
| Insurance | |
| Accepted /Date | |
| Authorised by | |