



**Academy of Play and Child Psychotherapy**  
**Post Graduate Certificate in Therapeutic Play Skills – Application Form**  
**for Kowloon, Hong Kong – 15 Days**

**Starting date of course.....**

**15 Days Consecutively ....**

**15 Days as 3 x 5 Days ....**

*(Put an 'X' next to how you wish to complete the 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) .....

Fax .....

E-mail

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 Name, Address and Tel. No. of 2 referees one of whom should be your supervisor, current employer or equivalent**

**7 Where are you intending to do your placement?**

**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.

To secure your place please forward your deposit for HK\$ 5,000 as part of the total fee, made out to Play Therapy Hong Kong to: **Toby Chu, Room 705 – 706, 7/F., China Insurance Group Building, No 141 Des Voeux Road Central, Hong Kong** or by Bank transfer to: **HSBC Hong Kong, Address: 1 Queens Road Central, Hong Kong, Bank Code 004, Acc name: Play Therapy Hong Kong Limited, Acc number: 808-656417-001**

**Balance to be received 1 month prior to the commencement of the course.**

The deposit which covers all admission administration is fully refundable if you are not accepted onto the course but non refundable if the application is cancelled by you.

Please return completed application forms to: **APAC, The Coach House, Belmont Road, Uckfield, East Sussex, BN22 1BP, United Kingdom.**  
Fax:+44 (0)1825 769913 or electronically to: [apacorg@aol.com](mailto:apacorg@aol.com)

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