



Academy of Play and Child Psychotherapy
Post Graduate Diploma in Play Therapy – Application Form
For Kowloon, Hong Kong – 15 Days

Starting date of course

How did you hear about the course? _____

1 Personal Details

Surname

First name(s)

Address

DOB Gender M/F.....

City/Town

County

Post Code

Phone No (Home) Mobile:.....

(Work)

Fax

E-mail

National Ins Number

NationalityCountry of Birth.....

2 Education/Training, particularly in Play Therapy

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3 Experience

For your Certificate in Play Therapy you need to have completed at least 50 hours of supervised play therapy with children, 25% could have been with adults.

Please describe your experience and list your hours and location(s)

4 Reasons for attending

5 If you have completed a case study for your Certificate in Play Therapy. Please describe briefly what you did.

6 Did you keep a Process Diary during your Certificate Course and was it evaluated? If so by whom? Please give their name.

7 Name, Address and Tel. No. of 2 referees one of whom should be your supervisor of the 100 hrs of play therapy, and the other your current employer or equivalent for the reference

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

Signature Date