



Play Therapy International

Application Form for Membership

Your contact details:							
<i>Full name:</i>							
<i>Address (please use your country's address format if different):</i>							
Organisation (if applicable)							
Building/number/street							
City/Town							
State/County							
Postcode/Zipcode							
Country							
		Country Code	STD/Area Code	Number			
Telephones (Home)							
(Office)							
(Mobile)							
(Fax)							
Email Address							
Grade applied for: (please circle one only)	Trainee	Practitioner	Full Member - Certified	Full Member - Accredited	Associate Member	PTI Certified Supervisor (if not already a full member)	Approved Supervisor
	HKD\$450	HKD\$800	HKD\$900	HKD\$1000	HKD\$500	HKD\$900	HKD\$600

Academic Background				
	<i>Specialisation /Course Description</i>	<i>Awarding Institution</i>	<i>Level of Award</i>	<i>Date Awarded</i>
1				
2				
3				
4				
Practice and Employment Record (if relevant):				
	<i>Brief Job Description</i>	<i>Organisation</i>	<i>No. of Hours Clinical Contact with Children</i>	<i>Dates</i>
Please concisely give any other information you feel is relevant to this application:				

In making this application I acknowledge that if accepted as a Member of Play Therapy International and work therapeutically with children I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.

Signature: _____ Date: _____

Please Email your completed form to: **apacorg@aol.com**
 Cheques payable to Play Therapy HK to be sent to: **Toby Chu** , Room
 705-706, 7/F., China Insurance Group Building, No. 141 Des Voeux Road Central,
 Central, Hong Kong