



**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: 2 – 16 April, 2019

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

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 Email of 2 referees one of whom should be your supervisor, current employer or equivalent

7 Where are you intending to do your placement?

To secure your place please forward your deposit slip for HK\$ 5,000 or a cheque made out to “Play Therapy Hong Kong Limited.” with your completed application forms to: Ms. Angela Lee, 10th floor, Wellable Commercial Building, 513 Hennessy Road, Causeway Bay, Hong Kong.

Deposit has to be made on application and the remainder of the fee (\$38,000) will have to be paid by 31 December of the calendar year.

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.

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.

Emergency Contact Details

Name:

Relationship to Applicant:

Contact No:

Email:

Signature Date

Official Use:

Name: _____ Course: Cert/ Year: _____ Venue: _____

Application Date received: _____ Acknowledgment Date: _____

Payment for:	Amount:	Ref. No.:	Bank:	Date received:	Acknowledgment Date:
1. Deposit					
2. Balance Payment					
3. Membership and Textbook					