



**Academy of Play and Child Psychotherapy
Post Graduate Diploma in Play Therapy – 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)

DOB Gender M/F.....

Address

Street/Estate

Town

District

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

(Work)

Mobile

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 names.

7 Name, Address and Email 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.

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 (\$40,000) 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: Dip/ Year: _____ Venue: _____

Application Date received: _____ Acknowledgment Date: _____

Payment for:	Amount:	Ref. No.:	Bank:	Date received:	Acknowledgment Date:
1. Deposit					
2. Balance Payment					