Academy of Play and Child Psychotherapy Application Form

**Course Type**

|  |  |  |
| --- | --- | --- |
| One Day Introduction to Play Therapy |  | Please provide a photo of yourself for your membership card as per our guidelines: apac.org.uk/membership-card-photo-requirements*n.b. This is* ***NOT*** *required for One Day Introduction to Play Therapy Courses* |
| Postgraduate Certificate in Therapeutic Play Skills |  |
| Postgraduate Diploma in Play Therapy |  |
| Other – Please specify |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Venue |  | Course starting date |  |

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr/Mrs/Mx/Other |  | Gender Identity |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |

|  |  |
| --- | --- |
| Private Address |  |
| City / Town |  |
| County / District |  | Post / Zip Code |  |
| Country |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone No. |  | Work Phone No. |  | Mobile Phone No. |  |
| Personal Email |  | *Please inform the Office immediately should you change the address.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Country of Birth |  |

Nationality

Show your photo in the online register

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please confirm if you are also happy for your photo to show in the online Register. |  | Yes |  | No |

1. **Previous Education/Training**

What is your highest Level of qualification?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HUK | UK first degree with honours |  | HZZ | Non-UK first degree |  |
| J10 | Foundation degree |  | J20 | Diploma of Higher Education (DipHE) |  |
| JUK | UK ordinary (non-honours) first degree |  | M71 | Postgraduate Certificate in Education or Professional Graduate Diploma in Education |  |
| MUK | Masters obtained in the UK |  | MZZ | Non-UK master’s degree |  |

**Please provide relevant details below**

University

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | Award (e.g. BA, BSc etc) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Subject |  | Grade |  |

**Other education**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Course | Training Organisation | Course Name | Qualification Obtained |
|  |  |  |  |
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1. **Experience & Employment History**

How Many Years’ Experience In Total Do You Have Working With Children?

Start with your latest employer and list the work you have done previously in chronological order. Please detail any gaps in employment as fully as possible. If you have never been employed or have been unemployed for some time please give details of other experience or training. Please also provide details of any unpaid or voluntary work.

|  |  |  |  |
| --- | --- | --- | --- |
| From (m/y) |  | To (m/y) |  |
| Name of employer and nature of business |  |
| Position held / duties and responsibilities |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From (m/y) |  | To (m/y) |  |
| Name of employer and nature of business |  |
| Position held / duties and responsibilities |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From (m/y) |  | To (m/y) |  |
| Name of employer and nature of business |  |
| Position held / duties and responsibilities |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From (m/y) |  | To (m/y) |  |
| Name of employer and nature of business |  |
| Position held / duties and responsibilities |  |

1. **Reasons for Attending**
2. **Ethnic Origin:**

APAC welcomes diversity in the people we provide a service to and in our workforce. Diversity is not just seen as something to aim for but as something to be valued and an asset in delivering services to different people. In the provider support manual, the codes below are different.

|  |  |  |  |
| --- | --- | --- | --- |
| 31 White - English, Welsh, Scottish, Northern Irish or British |  | 32 White – Irish |  |
| 33 White - Gypsy or Irish Traveller |  | 34 White - Any other White background |  |
| 35 Mixed or Multiple ethnic groups - White andBlack Caribbean |  | 36 Mixed or Multiple ethnic groups - White andBlack African |  |
| 37 Mixed or Multiple ethnic groups - White andAsian |  | 38 Mixed or Multiple ethnic groups - Any otherMixed or Multiple ethnic background |  |
| 39 Asian or Asian British – Indian |  | 40 Asian or Asian British – Pakistani |  |
| 41 Asian or Asian British – Bangladeshi |  | 42 Asian or Asian British – Chinese |  |
| 43 Asian or Asian British - Any other Asianbackground |  | 44 Black, African, Caribbean or Black British –African |  |
| 45 Black, African, Caribbean or Black British –Caribbean |  | 46 Black, African, Caribbean or Black British - Anyother Black, African or Caribbean background |  |
| 47 Other ethnic group – Arab |  | 98 Other ethnic group - Any other ethnic group |  |
| 99 Not provided |  |  |

1. **Please provide details of any existing health conditions and current medication that we should be aware of (e.g. diabetes, epilepsy, asthma)** *Medical confirmation may be required*
2. **Please indicate any dietary requirements you have below by marking the appropriate box(es):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vegetarian |  | Vegan |  | Gluten Free |  | Dairy Free |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Allergy |  | Please Provide Further Details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other |  | Please Provide Further Details |  |

Not Applicable

1. **Disability**

|  |
| --- |
| Do you consider yourself to have a disability according to the terms given in the Equality Act 2010? Please indicate any disabilities you have below by marking the appropriate box(es): |
| 98 Prefer not to say |  | 99 No Known Disability |  |
| 51 Dyslexia |  | 2 Blind/Partially Sighted |  |
| 3 Deaf/Hearing Impairment |  | 4 Wheelchair User/Mobility Issues |  |
| 5 Personal Care Support |  | 55 Mental Health Difficulties |  |
| 10 Autistic Spectrum Disorder |  | 8 Multiple Disabilities |  |
| 96 A Disability Not Listed Above |  |  |

Details of other disabilities if you chose ‘96 A Disability Not Listed Above’

1. **Emergency Contact Details**

Name

Relationship to Applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact No: |  | Email: |  |

1. **Data Protection and Privacy**

Your consent is required for the Academy of Play and Child Psychotherapy (APAC) to collect and process your name, address and other personal data in order to:

* + Admit you to the Course and send any communications regarding your membership
	+ Register you with Leeds Beckett University if applicable.
	+ Communicate with yourself, your clinical supervisor and your placement organisation
	+ Assess your progress on your course(s)
	+ Mark your assignments
	+ Enable your Course Director and other staff to support you
	+ Evaluate the quality of our training and prepare annual monitoring reports (your identity will not be revealed in these)
	+ Send you transcripts relating to your academic and clinical awards
	+ Liaise with The British Council for Therapeutic Interventions with Children and the Professional Standards Authority in matters concerning complaints

Your data will be stored in accordance with the Data Protection Act 2018 and the implementation of the General Data Protection Regulation: GDPR. Your information will not be disclosed to any other organisation or person without your permission except where required for legal or emergency purposes. Your Course Director and teaching staff are also personally responsible for the security of your data on the training site and elsewhere. Your data will be kept by APAC for a period of 6 years after the completion of your course.

|  |
| --- |
| Please confirm all statements below: |
|  | I understand that APAC’s administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored electronically and may be verified against other information which I have passed on to other public bodies. |
|  |
|  | I consent to APAC using anonymous data for research purposes into the efficacy of the play therapy profession. |
|  | I consent to APAC sharing my application details with their programme partners (Leeds Beckett University if applicable) and for them to use these for programme eligibility and registration purposes for the duration of the course. |
|  |
|  | I have read and understand the privacy policy found here:apac.org.uk/wp-content/uploads/2021/10/APAC-Privacy-Notice.pdf |

1. **Please answer the following questions if you are applying for Postgraduate Diploma in Play Therapy / Postgraduate Diploma in Play Therapy (Summer School 15-day course) ONLY**

|  |  |
| --- | --- |
| How many clinical hours have you completed up until now? |  |
| The current requirement is 50 hours, which will be reviewed in January 2022 when it will go up to 75 clinical hours before the course commences. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you submitted your academic work to your Course Director prior to applying? |  | Yes |  | No |
| If you answered Yes, please specify their name and the hand in date. |
| Course Director |  | Hand in Date |  |
| If you answered No, please explain why. |
|  |

1. **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 thisinformation will be treated in confidence. |

1. **I agree to sign this application form to signify that:**

|  |  |
| --- | --- |
|  | I have read and understand the privacy policy found here:apac.org.uk/wp-content/uploads/2021/10/APAC-Privacy-Notice.pdf |
|  | I have read and understand the Data Protection and Privacy clause above. |
|  | Declaration of undertaking clause above. |
|  | I certify that the information given by me is true and correct by electronic signature (whatever form the electronic signature takes) and that this method of signature is as conclusive of my intention to be bound by this contract as if signed by my manuscript signature. |
|  |

Signature

Date

1. **References**

|  |  |
| --- | --- |
| One Day Introduction to Play Therapy | Not required. |
| Postgraduate Certificate in Therapeutic Play Skills / Postgraduate Certificate in Therapeutic Play Skills (Summer School 15-day course) | One of the referees should be your line manager or current employer or equivalent and the other one a character reference. |
| Postgraduate Diploma in Play Therapy / Postgraduate Diploma in Play Therapy (Summer School 15-day course) / MA in Practice Based Play Therapy | One of the referees should be your clinical supervisor of your play therapy practice and the other your course director. |
| PQ Certificate in Clinical Supervision / Clinical Supervisor Follow Up Day / Clinical Supervisor Top Up Day / PQ Introduction to Filial Play Coaching / PQ Certificate in Filial Play Coaching / Filial Play Coaching Follow Up Day / PQ Certificate in Counselling Children and Young People / Advanced Diploma in Counselling Children and Young People/ Counselling Children and Young People Follow Up Day | One reference must be from your current supervisor and the other one from your current line manager / employer. |

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| --- | --- | --- |
| Referee’s Full Name | Referee’s Email Address | How do they know you? |
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APAC terms and conditions can be found at: apac.org.uk/terms-and-conditions/ please consult your CE of your country for any additional local terms and conditions.