## Application Form

| Course Details |
| --- |
| Course Name | **Certificate in Therapeutic Play Skills** |
| Course Date(s) | Spring School: 10 - 24 Oct 2019 |
| Course Venue | Cape Town, South Africa |

| Personal Details |
| --- |
| Surname |  |
| First name(s) |  |
| Address |  |
|  |
| City / Town |  |
| Province |  |
| Post Code |  |
| Country |  |
| Phone (Home) |  |
| Phone (Work) |  |
| Phone (Cell) |  |
| E-mail Address |  |
| Date of Birth |  | Nationality |  |
| Emergency Contact Name |  | Emergency Contact Number |  |
| Emergency Contact Relationship |  |
| How did you hear about the course? |  |

## Ethnic Origin

Please indicate your ethnic origin by selecting an option from the list below (optional):

|  |  |
| --- | --- |
| Black (South African)Black (other)Indian (South African)Indian (Other)Coloured / Mixed Race (South African)Coloured / Mixed Race (Other) | White (South African)White (Other)Asian (South African)Asian (Other) |

## Medical Conditions

Please provide details of any existing medical conditions that we should be aware of e.g. diabetes, epilepsy, asthma and/or any allergies including food allergies:

## Disability

|  |  |
| --- | --- |
| Disability Status | **Disability Type** |
|  I have NO disabilityI have a disability and currently in receipt of a disabled allowanceI have a disability, but not in receipt of Disabled Student AllowanceI have a disability but information about Disabled Student Allowance is unknown | DyslexiaBlind/partially sightedDeaf/hearing impairedWheelchair user / mobility difficultiesPersonal care supportMental health difficultiesMultiple disabilitiesAutistic Spectrum DisorderOther**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

## Education / Training

| Date | Training Organisation | Course Name | Qualification Obtained |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Experience.

**If you have worked with children, please describe your experience**

## Reasons for Attending

**Please describe your reasons for attending the course**

## Work Experience

**Please describe briefly your work experience over the last 5 years**

## References

Please provide details of two referees, one of whom should be your supervisor and the other your current employer or equivalent for the reference (For those who have not previously completed the Certificate & Diploma course).

|  | Referee 1 | Referee 2 |
| --- | --- | --- |
| Name |  |  |
| Email Address |  |  |
| Address |  |  |
|  |  |
|  |  |

## Placement

Where are you intending to do your placement?

## Declaration of Undertaking

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 that I have passed on to other public bodies.

## Fees and Method of Payment

**To secure your place:**

* Upon indication of interest the application form and electronic brochure will be sent to you
* Application form and deposit of 10% must be sent to **pti.trainingsa@gmail.com**
* If accepted a pro forma invoice will be sent for the payment for the total of the fees including the deposit
* Proof of payment together with other required documents as will be indicated in the acceptance letter, should be returned to **pti.trainingsa@gmail.com**
* Full payments to have been made by **31 August 2019**.
* The 1O% DEPOSIT WITH REGISTRATION IS REQUIRED TO SECURE YOUR PLACE ON THE COURSE. R500 OF THIS IS NON REFUNDABLE AS IT COVERS ALL ADMISSION AND ADMINISTRATION COSTS.
* WE RESERVE THE RIGHT TO MAKE CHANGES TO THE PROGRAMME WITHOUT NOTICE.

**Please indicate your preferred payment option:**

* I will pay the early bird fee of R 35,000.00 by 31 May 2019
* I will pay the balance of the course fee in one payment of R 37,800.00 by 31 Aug 2019

All payments must be done via Electronic Funds Transfer (EFT) to the following bank account:

Bank: ABSA

Account name: Play Therapy Training

Account Number: 40-9412-4107

Branch Code: 63-20-05

Proof of payment must be sent to the following e-mail address: **pti.trainingsa@gmail.com**

**Confirmation and Cancellation**

Applications will only be confirmed upon receipt of the full amount due. All cancellations must be made in writing and a cancellation charge of R500.00 may apply where notification is received less than 6 Weeks prior to the start of the course.

**Membership of PTUK/PTI is required for attending this course**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_