## Application Form

| Course Details |
| --- |
| Course Name | **Diploma in Play Therapy** |
| Course Date(s) |  10 - 24 October 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 |
| --- | --- | --- | --- |
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|  |  |  |  |
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## Experience.

For your Certificate in Play Therapy or similar, you need to have completed at least 100 hours of supervised play therapy with children, 25% could have been with adults.

Students may apply for the Diploma course providing they will have completed 50 clinical hours before the course commences.

**Please describe your experience and list your hours and locations**

## Reasons for Attending

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

## Certificate Case Study

**You need to have completed a case study for your Certificate in Therapeutic Play. Please briefly describe what you did.**

## Certificate Process Diary

**Did you keep a process diary during your Certificate and was it evaluated? If so, please provide the name of the person who performed the evaluation.**

## 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.

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

## 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 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.
* Cancellations must be made in writing. Where notification is received prior to 31 August 2019, a full refund less the R500 administration feel described above will be made. Where notification is received after 31 August 2019 a 10% cancellation fee will apply.
* 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 36,000.00 by 31 May 2019
* I will pay the balance of the course fee in one payment of R 39,150.00 by 31 August 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 will apply where notification is received more than 2 months prior to the start of the course.

Where notification is received less than 2 months prior to the start of the course (i.e. after 31 August 2019), a **cancellation charge of 10% will apply**.

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

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