

**Play Therapy Course – Application Form / Ireland  
Introduction to Play Therapy (Day course)**

**Venue:** \_\_\_\_\_

**Date of Course:** \_\_\_\_\_

**How did you hear about the course?** \_\_\_\_\_

**1 Personal Details - PLEASE PRINT VERY CLEARLY IF NOT TYPING**

Surname .....

First name(s) .....

Address .....

.....

City/Town .....

County .....

Post Code .....

Country .....

Phone No (Home) .....

(Work) .....

Mobile .....

E-mail .....

Date of Birth .....Gender M/F.....

**2 Training/Background**

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. Please provide details of any existing Health Conditions, that we should be aware of eg diabetes, epilepsy, asthma, and any allergies including Food Allergies**

**6 Emergency Contact Details**

**Name:**

**Relationship to Applicant:**

**Contact No.**

**Email:**

Please return your completed form to **PTI Ltd at The Coach House, Belmont Road, Uckfield, East Sussex TN22 1BP**

**Please ✓ payment option:**

- I enclose a cheque for **€190** (payable to Play Therapy International Ltd)
- I will pay by credit card at [www.playtherapyshop.com](http://www.playtherapyshop.com) – Miscellaneous Purchases – please use surname and venue as reference
- Please invoice my company for the full amount (please provide Invoicing address and contact name)

If paying by card as above, you may return your application form via email together with your payment confirmation message directly to the Admissions Department at APAC – [contact@apac.org.uk](mailto:contact@apac.org.uk)

Signature ..... Date .....

**N.B Please notify us as soon as possible if you find you are unable to attend on this date. You may then transfer your application to the next available course.**