



**Academy of Play and Child Psychotherapy**  
**MA Blended Learning in Practice based Play Therapy**  
**Application Form**

Starting date of course.....

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

**1 Personal Details**

Surname .....

First name(s) .....

Address .....

City/Town .....

County .....

Post Code .....

Country .....

Phone No (Home) .....

(Work) .....

Fax .....

Mobile .....

National Ins Number .....

Date of Birth .....

Gender .....Country of Birth.....

**2 Education/Training, particularly in Play Therapy, only highest awards**

Dates of Course	Training Organisation	Course Name	Qualification Obtained

**3 Experience.**

**Since your Post Graduate award in Practice based Play Therapy**

**Diploma Grade achieved \_\_\_\_\_**

Please describe your experience and list your hrs and location(s)

**4 Reasons for Attending**

**5 Name, Address and Email of 2 referees one of whom should be your supervisor of your play therapy practice and the other your current employer or equivalent for the reference**

**6 Ethnic Origin:**

Please Amend If Incorrect Or Tick One Code From List:

- |                     |                               |                            |
|---------------------|-------------------------------|----------------------------|
| 11. White British   | 31. Indian                    | 42. White & Black African  |
| 12. White Irish     | 32. Pakistani                 | 43. White & Asian          |
| 13. White Other     | 33. Bangladeshi               | 49. Other mixed background |
| 21. Black Caribbean | 34. Chinese                   | 80. Other                  |
| 22. Black African   | 39. Asian Other               | 98. Information Refused    |
| 23. Black Other     | 41. White and Black Caribbean |                            |

**7. National Insurance Number:.....**

**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.**

**Please return this on completion with your deposit for €400 (made payable to Play Therapy International) as part of the total fee of €3800 to secure your place to: Monika Jephcott, Clinical Director and Admissions, The Coach House, Belmont Road, Uckfield, East Sussex, TN22 1BP.**

**The deposit is non refundable and covers admission administration**

**If you require additional years the fees are €1750 per year.**

**You are liable for the total fee before the start of the course. No refunds will be made if you do not complete the course.**

**Signature ..... Date .....**

**Emergency Contact Details**

**Name:**

**Relationship to Applicant:**

**Contact No:**

**Email:**