



Academy of Play and Child Psychotherapy
Play/Creative Arts Therapy Supervisor – Application Form
For Kowloon, Hong Kong – 7 Days

Starting date of course.....

How did you hear about the course? _____

1 Personal Details

Surname

First name(s)

Address

.....

City/Town

County

Post Code

Phone No (Home)

(Work)

Mobile

E-mail

DOB Male/Female

**2 Education/Training, particularly in Counselling/
 Psychotherapy/Play/Creative Arts Therapy**

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3 Experience.

For your Certificate in Play/Creative Arts Supervision you need to have a Professional qualification to at least Diploma level in one of the above areas. You must have been in supervised practice in one of the above therapies for at least 2 years with a minimum of 100 hours a year.

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

4 Reasons for Attending

5. Please describe briefly your philosophy of supervision

6. Are you/have you been in personal therapy during the course?

**7. How many hours of clinical supervision have you conducted?
Where? In what client group?**

8. Name, Address and Email of 2 referees one of whom should be your supervisor and the other your current employer or equivalent for the reference

To secure your place please forward your payment for HK\$ 12,000 as a cheque made out to “Play Therapy Hong Kong Limited.” with your completed application forms to: Ms. Berenice Lee, 10th floor, Wellable Commercial Building, 513 Hennessy Road, Causeway Bay, Hong Kong.

Your application form and full payment must be received before January 5th.

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.

Signature Date

Emergency Contact Details

Name:

Relationship to Applicant:

Contact No:

Email:

Official Use:

Name: _____ Course: SUPER/ Year: _____ Venue: _____

Application Date received: _____ Acknowledgment Date: _____

Amount:	Ref No.:	Bank:	Date Received:	Date Acknowledge:	Date Deposit: