



**Academy of Play and Child Psychotherapy  
Post Graduate Certificate in Therapeutic Play Skills -  
Application Form for Kowloon, Hong Kong - 15 Days**

**Starting date of course: 5 – 19 April, 2020**

**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**

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 Work experience during the past 5 years**

**6 Name, Address and Email of 2 referees one of whom should be your supervisor, current employer or equivalent**

**7 Where are you intending to do your placement?**

To secure your place please forward your deposit slip for HK\$ 5,000 or a cheque made out to “Play Therapy Hong Kong Limited.” with your completed application forms to: Ms. Angela Lee, 10<sup>th</sup> floor, Wellable Commercial Building, 513 Hennessy Road, Causeway Bay, Hong Kong.

**Deposit has to be made on application and the remainder of the fee (\$38,000) will have to be paid by 31 December of the calendar year.**

The deposit which covers all admission administration is fully refundable if you are not accepted onto the course but non refundable if the application is cancelled by you.

**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.

**Emergency Contact Details**

**Name:**

**Relationship to Applicant:**

**Contact No:**

**Email:**

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

Official Use:

Name: \_\_\_\_\_ Course: Cert/ Year: \_\_\_\_\_ Venue: \_\_\_\_\_

Application Date received: \_\_\_\_\_ Acknowledgment Date: \_\_\_\_\_

Payment for:	Amount:	Ref. No.:	Bank:	Date received:	Acknowledgment Date:
1. Deposit					
2. Balance Payment					
3. Membership and Textbook					