Post Qualifying Certificate in Filial Play Coaching

Application Form

(This course exempts successful participants from any other CPD activities in 2019)

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) .....

Mobile .....

E-mail .....

D.O.B .....

2. Education/Training

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3. **Experience**

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

5. Disability

DISABILITY	☐	I have NO disability
	☐	I have a disability and currently in receipt of disabled allowance
	☐	I have a disability, but not in receipt of Disabled Student allowance
	☐	I have a disability but information about Disabled Student allowance isn't known
DISABILITY TYPE	☐	No known disability
	☐	Dyslexia
	☐	Blind/are partially sighted
	☐	Deaf/have a hearing impairment
	☐	Wheelchair user/have mobility difficulties
	☐	Personal care support
	☐	Mental health difficulties
	☐	Multiple disabilities
	☐	A disability not listed above
	☐	Autistic Spectrum Disorder
	☐	

If you have ticked any of the above boxes please give further details of how the disability might affect your academic assignments and clinical practice

6. Declaration of undertaking:

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.

To secure your place please return your application form and payment for total fees to: **Play Therapy Hong Kong Limited**

c/o Ms. Berenice Lee
10/fl, Wellable Commercial Building
513 Hennessy Road
Hong Kong

7. Payment options

Please ✓ payment option:

☐ I enclose a cheque made to "Play Therapy Hong Kong Limited"

☐ I will pay by bank transfer

☐ Please invoice my company for the full amount (please provide invoicing address and contact name below)

Signature …….. Date …….

Emergency Contact Details

Name:

Relationship to Applicant:

Contact No: