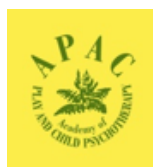


Application Form

Course Details	
Course Name	Certificate in Therapeutic Play Skills
Course Date(s)	10 - 24 October 2018
Course Venue	Cape Town, South Africa

Personal Details	
Surname	
First name(s)	
Address	
City / Town	
Province	
Post Code	
Country	
Phone (Home)	
Phone (Work)	
Phone (Cell)	
E-mail Address	
Date of Birth	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Number	



Education / Training

Date	Training Organisation	Course Name	Qualification Obtained



Experience.

If you have worked with children, please describe your experience

Reasons for Attending

Please describe your reasons for attending the course

Work Experience

Please describe briefly your work experience over the last 5 years



References

Please provide details of two referees, one of whom should be your supervisor and the other your current employer or equivalent for the reference (For those who have not previously completed the Certificate & Diploma course).

	Referee 1	Referee 2
Name		
Email Address		
Address		

Placement

Where are you intending to do your placement?

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 that I have passed on to other public bodies.

Fees and Method of Payment

To secure your place:

- Upon indication of interest the application form and electronic brochure will be sent
- Application form and deposit of 10% to be sent to pti.trainingsa@gmail.com



- If accepted a pro forma invoice will be sent for the payment for the total of the fees including the deposit
- Proof of payment together with other required documents as will be indicated in the acceptance letter, should be returned to **pti.trainingsa@gmail.com**
- Full payments to have been made by 31 August 2018.
- The 10% DEPOSIT WITH REGISTRATION IS REQUIRED AND IS NON REFUNDABLE AS IT COVERS ALL ADMISSION AND ADMINISTRATION COSTS. Only if you cannot be accepted will a refund be made WE RESERVE THE RIGHT TO MAKE CHANGES TO THE PROGRAMME WITHOUT NOTICE.

Please indicate your preferred payment option:

- I will pay the balance of the course fee in one payment of R 37,800.00 by 31 August 2018
- I will pay the balance of the course fee in three partial payments as follows:
- R12,600 by 30 June 2018
- R12,600 by 31 July 2018
- R12,600 by 31 August 2018

All payments must be done via Electronic Funds Transfer (EFT) to the following bank account:

Bank: ABSA
 Account Number: xxxxxxxxxxxxxxxx
 Branch Code: 632 005

Proof of payment must be sent to the following e-mail address: **pti.trainingsa@gmail.com**

Confirmation and Cancellation

Applications will only be confirmed upon receipt of the full amount due. All cancellations must be made in writing and a cancellation charge of R500.00 may apply where notification is received less than 4 weeks prior to the start of the course.

Membership of PTUK/PTI is required for attending this course

Signature _____

Date: _____

