

Academy of Play and Child Psychotherapy Application Form



Course Type

One Day Introduction to Play Therapy	<input type="checkbox"/>
Postgraduate Certificate in Therapeutic Play Skills	<input type="checkbox"/>
Postgraduate Diploma in Play Therapy	<input type="checkbox"/>
Other – Please specify	<input type="checkbox"/>

Please provide a photo of yourself for your membership card as per our guidelines: apac.org.uk/membership-card-photo-requirements

*n.b. This is **NOT** required for One Day Introduction to Play Therapy Courses*

Course Venue		Course starting date	
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1. Personal Details

Mr/Mrs/Mx/Other		Gender Identity	
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First name		Last name	
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Private Address			
City / Town			
County / District		Post / Zip Code	
Country			

Home Phone No.		Work Phone No.		Mobile Phone No.	
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Personal Email		<i>Please inform the Office immediately should you change the address.</i>
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Date of Birth		Country of Birth	
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Nationality	
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Show your photo in the online register

Please confirm if you are also happy for your photo to show in the online Register.	<input type="radio"/>	Yes	<input type="radio"/>	No
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2. Previous Education/Training

What is your highest Level of qualification?

HUK	UK first degree with honours		HZZ	Non-UK first degree	
J10	Foundation degree		J20	Diploma of Higher Education (DipHE)	
JUK	UK ordinary (non-honours) first degree		M71	Postgraduate Certificate in Education or Professional Graduate Diploma in Education	
MUK	Masters obtained in the UK		MZZ	Non-UK master's degree	

Please provide relevant details below

University	
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Start Date		Award (e.g. BA, BSc etc)	
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Subject		Grade	
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Other

Dates of Course	Training Organisation	Course Name	Qualification Obtained

3. Experience & Employment History

How Many Years' Experience In Total Do You Have Working With Children?	
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Start with your latest employer and list the work you have done previously in chronological order. Please detail any gaps in employment as fully as possible. If you have never been employed or have been unemployed for some time please give details of other experience or training. Please also provide details of any unpaid or voluntary work.

From (m/y)		To (m/y)	
Name of employer and nature of business			
Position held / duties and responsibilities			

From (m/y)		To (m/y)	
Name of employer and nature of business			
Position held / duties and responsibilities			

From (m/y)		To (m/y)	
Name of employer and nature of business			
Position held / duties and responsibilities			

From (m/y)		To (m/y)	
Name of employer and nature of business			
Position held / duties and responsibilities			

4. Reasons for Attending

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5. Ethnic Origin:

APAC welcomes diversity in the people we provide a service to and in our workforce. Diversity is not just seen as something to aim for but as something to be valued and an asset in delivering services to different people. In the provider support manual, the codes below are different.

31 White - English, Welsh, Scottish, Northern Irish or British		32 White – Irish	
33 White - Gypsy or Irish Traveller		34 White - Any other White background	
35 Mixed or Multiple ethnic groups - White and Black Caribbean		36 Mixed or Multiple ethnic groups - White and Black African	
37 Mixed or Multiple ethnic groups - White and Asian		38 Mixed or Multiple ethnic groups - Any other Mixed or Multiple ethnic background	
39 Asian or Asian British – Indian		40 Asian or Asian British – Pakistani	
41 Asian or Asian British – Bangladeshi		42 Asian or Asian British – Chinese	
43 Asian or Asian British - Any other Asian background		44 Black, African, Caribbean or Black British – African	
45 Black, African, Caribbean or Black British – Caribbean		46 Black, African, Caribbean or Black British - Any other Black, African or Caribbean background	
47 Other ethnic group – Arab		98 Other ethnic group - Any other ethnic group	
99 Not provided			

6. Please provide details of any existing health conditions and current medication that we should be aware of (e.g. diabetes, epilepsy, asthma) *Medical confirmation may be required*

7. Please indicate any dietary requirements you have below by marking the appropriate box(es):

Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Dairy Free	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	Please Provide Further Details					
Other	<input type="checkbox"/>	Please Provide Further Details					
Not Applicable	<input type="checkbox"/>						

8. Disability

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010? Please indicate any disabilities you have below by marking the appropriate box(es):			
98 Prefer not to say	<input type="checkbox"/>	99 No Known Disability	<input type="checkbox"/>
51 Dyslexia	<input type="checkbox"/>	2 Blind/Partially Sighted	<input type="checkbox"/>
3 Deaf/Hearing Impairment	<input type="checkbox"/>	4 Wheelchair User/Mobility Issues	<input type="checkbox"/>
5 Personal Care Support	<input type="checkbox"/>	55 Mental Health Difficulties	<input type="checkbox"/>
10 Autistic Spectrum Disorder	<input type="checkbox"/>	8 Multiple Disabilities	<input type="checkbox"/>
96 A Disability Not Listed Above	<input type="checkbox"/>		

Details of other disabilities if you chose '96 A Disability Not Listed Above'

9. Emergency Contact Details

Name			
Relationship to Applicant:			
Contact No:		Email:	

10. Data Protection and Privacy

Your consent is required for the Academy of Play and Child Psychotherapy (APAC) to collect and process your name, address and other personal data in order to:

- Admit you to the Course and send any communications regarding your membership Register
- you with Leeds Beckett University if applicable.
- Communicate with yourself, your clinical supervisor and your placement organisation Assess
- your progress on your course(s)
- Mark your assignments
- Enable your Course Director and other staff to support you
- Evaluate the quality of our training and prepare annual monitoring reports (your identity will not be revealed in these)
- Send you transcripts relating to your academic and clinical awards
- Liaise with The British Council for Therapeutic Interventions with Children and the Professional Standards Authority in matters concerning complaints

Your data will be stored in accordance with the Data Protection Act 2018 and the implementation of the General Data Protection Regulation: GDPR. Your information will not be disclosed to any other organisation or person without your permission except where required for legal or emergency purposes. Your Course Director and teaching staff are also personally responsible for the security of your data on the training site and elsewhere. Your data will be kept by APAC for a period of 6 years after the completion of your course.

Please confirm all statements below:	
<input type="checkbox"/>	I understand that APAC's administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored electronically and may be verified against other information which I have passed on to other public bodies.
<input type="checkbox"/>	I consent to APAC using anonymous data for research purposes into the efficacy of the play therapy profession.
<input type="checkbox"/>	I consent to APAC sharing my application details with their programme partners (Leeds Beckett University if applicable) and for them to use these for programme eligibility and registration purposes for the duration of the course.
<input type="checkbox"/>	I have read and understand the privacy policy found here: apac.org.uk/wp-content/uploads/2021/10/APAC-Privacy-Notice.pdf

11. Please answer the following questions if you are applying for Postgraduate Diploma in Play Therapy / Postgraduate Diploma in Play Therapy (Summer School 15-day course) ONLY

How many clinical hours have you completed up until now?	
The current requirement is 50 hours, which will be reviewed in January 2022 when it will go up to 75 clinical hours before the course commences.	

Clinical Supervisor Name and Surname	
Clinical Supervisor Email Address	

Have you submitted your academic work to your Course Director prior to applying?	<input type="radio"/>	Yes	<input type="radio"/>	No
If you answered Yes, please specify their name and the hand in date.				
Course Director		Hand in Date		
If you answered No, please explain why.				

12. Declaration of undertaking

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

13. I agree to sign this application form to signify that:

<input type="checkbox"/>	I have read and understand the privacy policy found here: apac.org.uk/wp-content/uploads/2021/10/APAC-Privacy-Notice.pdf
<input type="checkbox"/>	I have read and understand the Data Protection and Privacy clause above.
<input type="checkbox"/>	Declaration of undertaking clause above.
<input type="checkbox"/>	I certify that the information given by me is true and correct by electronic signature (whatever form the electronic signature takes) and that this method of signature is as conclusive of my intention to be bound by this contract as if signed by my manuscript signature.

Signature	
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Date	
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14. References

One Day Introduction to Play Therapy	Not required.
Postgraduate Certificate in Therapeutic Play Skills / Postgraduate Certificate in Therapeutic Play Skills (Summer School 15-day course)	One of the referees should be your line manager or current employer or equivalent and the other one a character reference.
Postgraduate Diploma in Play Therapy / Postgraduate Diploma in Play Therapy (Summer School 15-day course) / MA in Practice Based Play Therapy	One of the referees should be your clinical supervisor of your play therapy practice and the other your course director.
PQ Certificate in Clinical Supervision / Clinical Supervisor Follow Up Day / Clinical Supervisor Top Up Day / PQ Introduction to Filial Play Coaching / PQ Certificate in Filial Play Coaching / Filial Play Coaching Follow Up Day / PQ Certificate in Counselling Children and Young People / Advanced Diploma in Counselling Children and Young People / Counselling Children and Young People Follow Up Day	One reference must be from your current supervisor and the other one from your current line manager / employer.

Referee's Full Name	Referee's Email Address	How do they know you?

APAC terms and conditions can be found at: apac.org.uk/terms-and-conditions/ please consult your CE of your country for any additional local terms and conditions.