

Child in Mind Academy Ltd

**PQ Certificate in the Filial Approach to Play Therapy**

Course Application Form

***Confidential***

**Important:** This information will be used as the basis for selection of applications and at any future selection process. Please complete all sections of the form in full.

Please return the completed form by email to:

Jayne Beetham-Hatto

Programme Lead: Jayne.beetham-hatto@childinmind.co.uk

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INTAKE APPLIED FOR:**  August 2020 | | | **LOCATION:**  Child in Mind Academy, Eccles, Manchester | | | | |
|  | | | | | | | |
| **PERSONAL DETAILS:** | | | | | | | |
| SURNAME: |  | FIRST NAME/S | |  | | |  |
|  | | | | | | |
| AGE: |  |  | | | | | |
|  | | | | | | | |
| ADDRESS: |  | | | | |  | |
|  | | | | | | | |
| POST CODE: |  | TEL NO. MOBILE: | |  |  | | |
|  | | | | |
| TEL NO. HOME: |  | TEL NO. WORK: | |  |
|  | | | | |
| EMAIL: |  | | | |
|  | | | | | | | |
| NEXT OF KIN NAME: |  | TEL NO. | |  |  | | |
|  | | | | | | | |

|  |  |
| --- | --- |
| **ELIGIBILITY CRITERIA:** | |
| This is a Post-Qualification course. Please confirm that you meet the eligibility criteria by placing a tick in the relevant boxes. Confirm your professional status by providing details of your professional body and membership number. | |
| * **I am a qualified Play Therapist or Counsellor/Psychotherapist with additional play training** |  |
| * **I have completed a minimum of 400 post-qualification supervised counselling hours** |  |
| * **I have a current and clear enhanced DBS Certificate** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Body:** |  | **Membership number:** |  |

#### PROFESSIONAL EDUCATION & TRAINING

*Most recent first and including dates.*

|  |  |  |
| --- | --- | --- |
| **NAME OF UNIVERSITY/COLLEGE/SCHOOL** | **QUALIFICATIONS & GRADE OBTAINED** | **DATES FROM/TO** |
|  |  |  |
|  |  |  |
|  |  |  |

**PERSONAL STATEMENT**

*Please tell us briefly about yourself and why you are applying for this course (approx. 300 words)*

|  |
| --- |
|  |

##### REFERENCES

*Please give the names, addresses and telephone numbers of two referees who would be prepared to comment on your professional ability. One of these should be your present clinical supervisor, the other should be a work colleague, or previous tutor. References are not accepted from a spouse/partner, friends or relatives. We reserve the right to contact referees by telephone for verification of written references.*

|  |  |  |
| --- | --- | --- |
| 1. |  | 2. |
| Tel No:  E-mail:  In what capacity does this referee know you?  …………………………………………………………………………………………. |  | Tel No:  E-mail:  In what capacity does this referee know you?  ………………………………………………………………………………………………….. |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that, to the best of my knowledge, the information given on this form is correct.  **Data Protection**: I agree to Child in Mind Academy Ltd using personal data contained in this form, or other data which Child in Mind Ltd may obtain from me or other sources, for the purpose of dealing with my application. | | | |
| Signature |  | Date |  |
|  | | | |

**Thank you for completing the application form.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | | | | | | | | | | |
|  | | | | | | | | | | |
| APPLICATION FORM NO. |  | | | | | | | |  | |
|  | | | | | | | | | | |
| REFERENCES REQUESTED  1:  2: | | DATE: | | | | | REFERENCE RECEIVED:  1:  2: | | | DATE: |
| QUALIFICATIONS CONFIRMED? YES | |  | NO |  | | IF NO, SPECIFY IF REASON KNOWN | |  | | |
|  |  | |
| PLACE OFFERED? YES | |  | NO |  | PLACE ACCEPTED | | | / / | | |
|  |  |  | | |