

# CTC Professional Training Play Therapy and Psychotherapy

## APPLICATION FORM

### 1 Personal Details

Surname ..... Previous Surname.....

First name(s) ..... Gender.....

Address .....

City/Town .....

County ..... Post Code.....

PPS Number ..... Nationality.....

Phone No (Home) .....

(Work) .....

E-mail .....

Mobile Phone No .....

DOB .....

Nationality ..... Country of Birth.....

Country of Residence  
for last 3 years .....

### 2 Education/Training (list all 3<sup>rd</sup> level courses)

Dates of Course	Training Organisation	Course Name	Qualification Obtained

**3. Current Occupation and responsibilities**

**4. Details of Content of Previous Courses Undertaken**

Have you undertaken any training in the areas of Child Care, Child Development and /or Psychopathology (Child/ Adolescent/Adult)? Have you undertaken any training in any model of counselling or psychotherapy intervention? Did any course that you attended have content in relation to Theories of Personality, Principles of Psychotherapy, Legal, Professional and Ethical Issues? Have you undertaken any courses in relation to play or creative arts?

**5. Experience of working with children and families**

**6. Experience of Personal Therapy**

**7. Experience of Participation in Personal Development Groups**

**8. Reasons for wishing to pursue this course**

**9. Any other relevant information**

Is there anything else that you are aware of that may be relevant for the course organiser to consider in relation to your participation on the course or your practice with children or vulnerable adults?

**10. Name, Address and Tel. No. of 2 referees one of whom should be your supervisor, current employer or equivalent**

CTC will provide you with reference forms for your referees to complete and submit

**11. Where did you hear of this course?**

**Section 43 Statement:**

CTC is required under Section 43 of the Qualifications Act 1999 to make arrangements for the Protection of Learners, on programmes of three months duration or more, should CTC, for any reason, terminate a programme before it is complete. In the unlikely even of this happening, and where feasible, CTC will make arrangements with alternate providers for the transfer of students to complete their programme of studies. Alternatively, CTC will refund the most recent fees received from, or on behalf of, a student.

In addition CTC has arranged:

- To retain funds to cover all outstanding costs of completing the programme (cost of venue, trainers, assessment) until the programme is complete.
- That, should a course need to be moved to a different venue, a specific staff member (with support of the Programme Management Team and all CTC supports, policies, and procedures) will be allocated to manage all necessary arrangements to facilitate a smooth transition and completion of the programme.
- That, should a core trainer/s not be available to continue to deliver training on a course, CTC will undertake to find a suitably qualified and experienced replacement as soon as possible and will seek to minimise disruption to student's studies as far as possible.

The Awards that are issued by CTC on successful completion of this Programme are a Certificate in Play Therapy Skills after first year, a Diploma in Play Therapy, after second year, or a Diploma in Play Therapy, Counselling & Psychotherapy after the third year.

**Please delete as appropriate:**

1. There have / have not been, and are/are not any concerns or complaints of a professional or criminal nature that should be brought to the attention of the course
2. I am /am not aware of any reason why I should not/may not be suitable to engage in therapeutic work.

**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.

**Signature** ..... **Date** .....

Please enclose a C.V.,  2 passport photos,  & copies of relevant Certificates,  with this completed application and **forward to:** Eileen Prendiville, CTC, Tír Na nÓg, Slievenagorta, Ballymore, Mullingar, Co Westmeath **Phone:** 087-6488149, **E-Mail:** [childrenstherapycentre@gmail.com](mailto:childrenstherapycentre@gmail.com) [www.childrenstherapycentre.ie](http://www.childrenstherapycentre.ie)

**For Office Use Only**

Interview arranged and attended	Date:	Attended?
C.V. Received		
Photos Received		
Copy Certificates Received		
Garda Statement & Photo Id Received		
Professional Declaration Received		
References Received	1.	2.
Payment Plan?		
Outcome of application		