



Application Form
Child Centred Play Therapy Training Program
2024

Full Name	
Date of Birth	
Residential Address	
Postal Address (If different from above)	
Mobile Number	
Email Address	
Mental Health Qualification (Please incl. tertiary level attained)	
Registration Body (For mental health qualification)	



<p>Current Occupation and Setting</p>	
<p>Are you currently working with children? (Y/N)</p> <p>Will you have access to at least one child client for play therapy by:</p> <p>June 17th, 2024 (Melbourne)</p> <p>or July 29th, 2024 (Perth)?</p>	
<p>Do you have a current Working With Children's (WWC) Check?</p>	
<p>Do you hold (or are you covered by) Professional Indemnity Insurance?</p>	
<p>Are you seeking recognition of prior learning to apply for part completion of this training?</p> <p>If Yes, please provide relevant details.</p>	



I, _____, indicate that I have read and understand the Full Training Information provided and submit this application to participate in *Foundations in Child Centred Play Therapy* (Workshops 1 & 2). I understand that if my application is successful, I will receive written notification and payment information via email and will thereafter arrange the first payment for this training program to secure my place (\$1500 Incl. GST).

- Workshops 1 & 2: \$2995 (Incl. GST) - MELBOURNE
- Workshops 1 & 2: \$2995 (Incl. GST) - PERTH

Signature: _____ Date: _____

Please email a copy of this completed Application Form to info@childcentredaustralia.com. Please note, you may be requested to also provide clear scanned, photographed or PDF copies of your:

- Mental health qualification
- Professional registration
- WWC
- Resume

If you have any queries, please don't hesitate to ask.