



Application Form

Child Centred Play Therapy Clinical Training Program

Perth, Melbourne and Sydney 2026/2027

Full Name	
Address	
Mobile Number	
Email Address	
Where did you hear about CCA's training program?	
Mental Health Qualification (Please incl. tertiary level attained)	
Registration Body (For mental health qualification - i.e., AHPRA, AASW, ACA Level 2 or 3, ANZACATA, PACFA)	
Current Occupation and Setting	
Are you currently working with children? (Y/N) If no, will you have access to at least one child client for play therapy clinical practice by completion of Workshop 2?	



Do you have a current Working With Children's (WWC) Check?	
Do you hold (or are you covered by) Professional Indemnity Insurance?	
Are you seeking recognition of prior learning to apply for part completion of this training? If Yes, please provide relevant details.	

I, _____, have read and understand the *CCA CCPT Clinical Training Program Overview* and submit this application to participate in the training program. I understand that if my application is successful, I will receive written notification with an *Offer of a Place* and payment information via email and will thereafter arrange the first payment to secure my place:

- ☐ Workshop 3: \$1590 - PERTH Aug 2026
- ☐ Workshop 4: \$1590 - PERTH Oct 2026

- ☐ Workshop 1: \$1590 - PERTH Feb 2027
- ☐ Workshop 2: \$1590 - PERTH April 2027

- ☐ Workshop 1: \$1690 - SYDNEY Feb 2027
- ☐ Workshop 2: \$1690 - SYDNEY April 2027

- ☐ Workshop 3: \$1690 - MELBOURNE Nov 2026
- ☐ Workshop 4: \$1690 - MELBOURNE Feb 2027

All prices are inclusive of GST.



Signature: _____ Date: _____

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