

Play Therapy International

Application Form for Membership

Your contact details:									
Full name	:								
Address (please use your country's address format if different): Organisation (if applicable)									
Building/number/street									
City/Town									
State/County									
Postcode/Zipcode									
Country									
			Country Code	STD/Area Code	Number				
Telephones (Home)									
(Office)									
(Mobile)									
(Fax)									
Email Address									
Grade applied for: (please circle one only)	Trainee	Practitioner	Full Member - Certified	Full Member - Accredited	Associate Member	PTI Certified Supervisor (if not already a full member)	Approved Supervisor		
	SG\$120	SG\$270	SG\$300	SG\$320	SG\$120	SG\$220	SG\$120		

Academic Background									
	Specialisation / Course Description	Awarding Institution		Level of Award	Date Awarded				
1									
2									
3									
4									
P	ractice and Employment Record (if	relevant)·							
	ractice and Employment Record (ii	leievairej.	No	o. of Hours	Τ				
Brief Job Description		Organisation	Clinical Contact with Children		Dates				
Please concisely give any other information you feel is relevant to this application:									
In making this application I acknowledge that if accepted as a Member of Play Therapy International and I work therapeutically with children I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.									
Sig	gnature:	Date:							
	ase return this form together with a passport embership fee (payable to Play Therapy Singap		hequ	e for the app	propriate				
Payment may also be made online at: http://www.playtherapyshop.com/									
If paid online your form and photo may be emailed to apacorg@aol.com . If paying by cheque, please post to: Play Therapy International, The Coach House, Belmont Road, Uckfield, East Sussex, TN22 IBP, UK									
lf y	ou have any queries please email ptiorg@aol.	com							