

## IRISH PLAY THERAPY ASSOCIATION Full Membership Application Form

### **Full Membership**

This category is open to any person who:

- holds a Play Therapy qualification accredited by BAPT or Current MA Play Therapy course in CIT Cork.
- has regular supervision
- is in or has recently had personal therapy
- has up-to-date clear Garda Vetting.

NB Garda Vetting to be renewed every three years

Full Membership fee is due on application.

This category is not open to Student Members.

CATEGORY OF MEMBERSHIP

## **Application for Full Membership Irish Play Therapy Association**

### **1. PERSONAL DETAILS**

Your Full Name:

Gender:

Female

Male

Address:

Telephone No(s):

Fax No

Email Address

Date of Birth

# IRISH·PLAY THERAPY·ASSOCIATION

## 2. PROFESSIONAL QUALIFICATIONS

Qualification	University	Dates		Awarding Body
		From	To	

## 3. OTHER RELEVANT TRAINING

Course Title	Award (Cert. Dip.etc. )	Dates		Training Institution	No of Taught Hours
		From	To		

## 4. RELEVANT WORK EXPERIENCE

Dates		Job Title	Employer	Main Responsibilities
From	To			

## 5. CURRENT WORK

Date Started	Job Title	Employer	Main Responsibilities
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**6. PLEASE OUTLINE YOUR THEORETICAL APPROACH TO PLAY THERAPY**

**7. PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PLAY THERAPY EXPERIENCE (Add additional sheets if necessary)**

## 8. PLAY THERAPY SUPERVISION

Do you receive regular clinical supervision for your Play Therapy practice?

YES

NO

How many play therapy client practice hours per month do you complete?

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Please give details of your attended Supervision (including frequency and duration)

## 9. PLAY THERAPY SUPERVISOR DETAILS

Is your Supervisor an Approved IPTA Play Therapy Supervisor?

YES

NO

Please give full name and contact details including email address of supervisor.

Supervisors signature \_\_\_\_\_

## 10. PERSONAL THERAPY DETAILS

Are you in, or have you been in  
Personal Therapy?

YES

NO

How many personal therapy hours  
have you received to-date?

Please give name and contact details  
of personal therapists.

Please state the professional body that  
your therapist/counsellor is accredited  
with.

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## 1. DECLARATION FOR FULL MEMBERSHIP APPLICANT.

I CONFIRM THAT:

- a) I do not have a criminal record that may prejudice the interests of children.
- b) I have not been dismissed from employment on the grounds of professional misconduct.
- c) I have not been refused membership of a professional body or register in a related field on the grounds of professional misconduct.
- d) I have read and will abide by the criteria defined in the Code of Ethics Practice, and the Child Protection Policy of Irish Play Therapy Association.
- e) I agree to adhere to the IPTA requirements for Continuing Professional Development.
- f) The information detailed in this membership application form is true to the best of my knowledge and does not contain any false or misleading information regarding my experience, qualifications, practice, membership or identity.

YOUR SIGNATURE:

YOUR FULL NAME:

DATE:

### 13. Annual fee for Membership

Annual full membership fee is €80. Renewal fees are due annually in January. A brief renewal form is available on the website for Full Members.



## 14. FULL MEMBERSHIP APPLICATION CHECKLIST

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- I understand that my Full Membership application will be considered by the IRISH PLAY THERAPY ASSOCIATION membership committee.
- I have enclosed valid copy of professional indemnity insurance certificate.
- I have enclosed evidence of appropriate Qualification.
- I have enclosed copy of recent Garda vetting.
  
- I accept that the IRISH PLAY THERAPY ASSOCIATION membership committee reserve the right to refuse membership and that the decision of the committee is final.
- I have signed and dated the Full Membership Declaration form
- I have Signed and dated The Child Protection Policy.

# IRISH·PLAY THERAPY·ASSOCIATION



Methods of payment:

Via internet banking only  
IPTA Bank Account

IBAN  
IE97BOFI90318926806555

BIC  
BOFIE2D

**Please reference the lodgement with your name  
otherwise your payment cannot be identified.**

Send completed Application Form, Documentation to:

**IPTA Membership Secretary  
53 Westfields  
Ennis  
Co.Clare**