

IRISH PLAY THERAPY ASSOCIATION

Student Membership Application Form

Student Member

This category is open to any person who is enrolled on a Play Therapy training course which is eligible for BAPT or Current MA Play Therapy Course in CIT Cork. Training course must be affiliated to a third level institution and reach certain criteria for qualification namely- recognised accreditation. Membership fee is due with application.

CATEGORY OF MEMBERSHIP

Application for Student Membership Irish Play Therapy Association

1. PERSONAL DETAILS

Your Full Name:

Gender:

Female

Male

Address:

Telephone No (s):

Email Address

Date of Birth

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2. CURRENT PLAY THERAPY TRAINING /PROFESSIONAL QUALIFICATIONS

Qualification	University	Dates		Awarding Body
		From	To	

3. OTHER RELEVANT TRAINING

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

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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. PLAY THERAPY SUPERVISION

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

YES

NO

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

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

7. PLAY THERAPY SUPERVISOR DETAILS

Is your Supervisor an Approved BAPT Play Therapy Supervisor?

YES

NO

Please give full name and contact details of supervisor.

SUPERVISOR
SIGNATURE:
DATE:

8. 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 of and details of
personal therapists.

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

9. DECLARATION FOR STUDENT MEMBERSHIP APPLICANT

I CONFIRM THAT:

- a) I am enrolled on a registered Play Therapy training.
- b) I do not have a criminal record that may prejudice the interests of children.
- c) I have not been dismissed from employment on the grounds of professional misconduct.
- d) I have not been refused membership of a professional body or register in a related field on the grounds of professional misconduct.
- e) I understand that Student Membership of the Association cannot, in any circumstances, be used as a qualification to practice as a qualified play therapist. I undertake not to misrepresent my membership status of the Irish Play Therapy Association.
- f) 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.
- g) 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:

10. ANNUAL FEE FOR MEMBERSHIP

The annual student membership fee is €25. Renewals due annually in January

11. STUDENT MEMBERSHIP APPLICATION CHECKLIST

- I have enclosed my Student Membership Fee of €25. I understand the fee is refundable if application is not accepted by IPTA.
- I understand that my Student Membership application will be considered by the committee of IRISH PLAY THERAPY ASSOCIATION.
- I have enclosed valid copy of professional indemnity insurance certificate (student status) or I enclose a written statement of agreement, to forward student indemnity insurance certificate within 30 days of membership approval.
- I enclose official letter of evidence of course attendance /registration
- I have enclosed copy of recent Garda Vetting.
- I accept that the committee of IRISH PLAY THERAPY ASSOCIATION reserve the right to refuse membership and that the decision of the committee is final.
- I have signed and dated the Student Membership Declaration form

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Methods of payment:

Online banking

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**