

**REGISTRATION FORM FOR PLAY THERAPY AND TRAINING
LEVEL 1 AND LEVEL 2 COURSES
2019**

NAME:	INITIALS:	SURNAME:
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ADDRESS:	
	POSTAL CODE:

TELEPHONE NUMBERS:

HOME TEL:		OFFICE TEL:	
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FAX NO.:		CELL NO.:	
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EMAIL ADDRESS:	
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PROFESSION:	
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QUALIFICATIONS:	
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I INTEND TO REGISTER FOR:

- BEGINNERS COURSE (26 HOURS - 4 DAYS) R 2200.00
- ADVANCED COURSE (22 HOURS - 3 DAYS) R 2000:00

DATE OF COURSE:

(Level 1)	(Level 2)
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VENUE:

**10% DEPOSIT WITH REGISTRATION. NON-REFUNDABLE UNLESS WRITTEN CANCELLATION
AT LEAST 30 DAYS IN ADVANCE.**

**ADVANCED COURSE APPLICANTS PLEASE SUPPLY YOUR
BEGINNERS CERTIFICATE NUMBER:**

PLEASE INDICATE HOW YOU PREFER YOUR NAME ON THE CERTIFICATE

J.E. JONES OR JANE JONES:

(Mark with an X) Payment: Cash on the first day of the course / Cheque /
EFT bank transfer or Arrangement

<p>PLEASE INDICATE LANGUAGE PREFERENCE WITH AN "X" FOR:</p> <table border="1" style="width:100%"> <tr> <td style="width:30%">COURSE MANUAL</td> <td style="width:10%">ENG</td> <td style="width:10%">AFR</td> </tr> <tr> <td>CERTIFICATE</td> <td>ENG</td> <td>AFR</td> </tr> </table>	COURSE MANUAL	ENG	AFR	CERTIFICATE	ENG	AFR	<p>Should be made payable to: Centre for Play Therapy and Training: Gansbaai ABSA Bank Hermanus Branch Number: 334-812 Account Number: 4052216764 PLEASE USE YOUR NAME AS REFERENCE Send proof of payment to this office</p>
COURSE MANUAL	ENG	AFR					
CERTIFICATE	ENG	AFR					