

## CENTRE FOR PLAY THERAPY AND TRAINING APPLICATION FORM

### SERVICE LEARNING PROGRAMME (SLP)

Name:			
I.D:			
Physical address:			
Postal address:			
<b>Name</b>	<b>E. Mail:</b>	<b>Tel. Cell</b>	
<b>ID Number.</b>	<b>Organization you are working for recently.</b>	<b>Work tel. no.</b>	<b>Will you be able to get leave for the whole duration?</b>
<b>Have you done level one and two courses of the Centre for Play Therapy and Training?</b>	<b>Are you registered with a professional Statutorily board. Yes or no indicate the number and the name of the board.</b>	<b>Do you have police clearance to work with children if not registered with a board, attached here to a copy of the certificate?</b>	<b>Are you willing to go for a Hepatitis B injection on own costs?</b>
<b>How long are you having experience working with children?</b>	<b>Are you willing to be part of the programme for the full duration of the SLP?</b>	<b>What language/s are you familiar with on an intervention level.</b>	<b>Are you prepared to pay in the money (for your meals and accommodation) as soon as you get the message that you are selected for the SLP?</b>
<b>Do you want to apply for accommodation at Uylenvlei including a continental breakfast, take away lunch box and an evening meal at R6500 per person sharing for the duration of the fourteen days. (Three practitioners in a bungalow with own bathroom)</b>	<b>Do you want to arrange your own accommodation in town and meals on own costs in Gansbaai. Please attach here to the conformation of your accommodation if not staying at Uylenvlei.</b>	<b>Do you want to arrange transport to and from the airport @ R200 from the airport and R200 back?</b>	<b>Do you want to book your own room not sharing including meals for the whole duration? Only you in a room with own bathroom) ( R7200)</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_