**REGISTRATION FORM FOR PLAY THERAPY AND TRAINING**

**LEVEL 1 AND LEVEL 2 COURSES**

**2020**

Take note: If you attend level 1 and 2 immediately after one another you qualify for a complimentary copy of the book: *A Gestalt Intervention Framework for Play Practitioners* 500 pages (R550)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>INITIALS:</th>
<th>SURNAME:</th>
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<tbody>
<tr>
<td>ADDRESS:</td>
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| AREA CODE: |

**TELEPHONE NUMBERS**

<table>
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<tr>
<th>HOME NUMBER:</th>
<th>OFFICE NUMBER:</th>
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<tr>
<td>FAX NUMBER:</td>
<td>CELL NUMBER:</td>
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**EMAIL ADDRESS:**

**PROFESSION:**

**QUALIFICATIONS:**

**I INTEND TO REGISTER FOR:**

- BEGINNERS COURSE (26 HOURS - 4 DAYS)  R 2400.00
- ADVANCED COURSE (22 HOURS - 3 DAYS)  R 2200.00

**DATE OF COURSE:**

(Level 1) | (Level 2)

**VENUE:**

10% DEPOSIT WITH REGISTRATION. NON REFUNDABLE UNLESS WRITTEN CANCELLATION 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 / Bank deposit Internet banking or Arrangement.

Should be made payable to:  

**PLEASE USE YOUR NAME AS REFERENCE**

Send proof of payment to this office playtherapy@worldonline.co.za,  

**Banking details:**

Capitec. J.P.Schoeman. Savings account:  
Number:1680979890  
Branch code 470010