

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)

NAME: _____ INITIALS: _____ SURNAME: _____

ADDRESS: _____

AREA CODE: _____

TELEPHONE NUMBERS

HOME NUMBER: _____ OFFICE NUMBER: _____

FAX NUMBER: _____ CELL NUMBER: _____

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*
PREFERENCE WITH AN "X" *Send proof of payment to this office*
FOR: *playtherapy@worldonline.co.za,*

COURSE MANUAL	ENG	AFR
CERTIFICATE	ENG	AFR

Banking details:

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