

**THE CENTRE FOR PLAY THERAPY AND TRAINING**  
**REGISTRATION FORM : LEVEL 1 AND LEVEL 2 ONLINE COURSES**

First name:		Surname:	
Home address:			
Closest PostNet branch:			
<b>Contact details:</b>			
Home:		Office:	
Cell phone:		Fax:	
Email:			
Professional board number or profession:			
Qualifications:			
Experience with children:			
<b>I INTEND TO REGISTER FOR:</b>			<b>Please tick:</b>
Beginners Course: Gestalt Intervention Level 1 (24 hours) – R 2400.00			<input type="checkbox"/>
Advanced Course: Gestalt Intervention Level 2 (24 hours) – R 2400.00			<input type="checkbox"/>
Date of registration (L 1)		Date of registration (L 2):	
Advanced course applicant please supply your beginners course certificate number:			
PLEASE INDICATE HOW YOU PREFER YOUR NAME ON THE CERTIFICATE J.E. JONES OR JANE JONES:			
<b>Take note:</b> <b>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 (Normal price R 550.00).</b>			

I have read and understood the terms and conditions as found on the website at <a href="https://gestaltplaytherapy.co.za/course-terms-and-conditions">https://gestaltplaytherapy.co.za/course-terms-and-conditions</a> . The level 1 and 2 course material is only available to successful applicants who have registered and paid for the courses. No written or video material may be duplicated or distributed to any other person.	<b>Please tick:</b>     <input type="checkbox"/>
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Please use your name as reference and send proof of payment by email to our office:  
**admin@gestaltplaytherapy.co.za**  
**Banking details:** Capitec: J P Schoeman. Savings Account number: 1680979890. Branch code: 470010

For office use:
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