THE CENTRE FOR PLAY THERAPY AND TRAINING APPLICATION FORM SERVICE LEARNING PROGRAMME (SLP)

Name:					
I.D:					
Physical address:					
Postal address:					
Email:					
Telephone cell:			Telephone work:		
Organization you worke	d for red	cently:			
Will you be able to get lo	eave for	whole duration?			
Have you done Level 1 and 2 courses of the Centre for Play Therapy and Training?		Do you have a police clearance certificate to work with children if not registered with a board? Attach a copy of the certificate?		Are you willing to go for a Hepatitis B injection on your own costs?	
Are you registered with board? Yes or no and in the name of the board:	•	•			
How long do you have experience working with children?	Are you willing to be part of the programme for the full duration of the SLP?		What language/s are you familiar with on an intervention level.		Are you prepared to pay for your meals and accommodation as soon as you get the message that you have been selected for the SLP?
SLP Option 1: R2500.00 Participating in SLP programme providing own transport, own meals and private accommodation in Gansbaai.	SLP Option 2: R6900.00 Including breakfast, lunch box and supper. Accommodation shared with another SLP delegate of the same gender.		SLP Option 3: R8700.00 Including breakfast, lunch box and supper. Accommodation in private room (not sharing).		Arrange your own transport from airport and back for own expenses. Ask us for assistance with contact telephone numbers.
Signature:			Date:		

For Office	ce use:		