# Master of Arts in Creative Psychotherapy (Humanistic & Integrative Modality)

## Postgraduate Diploma in Play Therapy **Direct Entry APPLICATION FORM**

### **Personal Details** 1

Surname	Any Previous Surname:
First name(s)	
Address	
City/Town	
County	Post Code:
Phone No (Home)	
E-mail	
Mobile Phone No	
DOB	

### Education/Training (list all 3<sup>rd</sup> level courses) 2

Name of College	Title of Course	Award and Accrediting Body	Cou Dura From	Level on NFQ	Results Achieved

Note Direct Entry to the MA is contingent on holding a Level 8 Honours Degree (2.2 or higher)

3. Other Training
These may include further education courses and any non-accredited training programmes that you consider relevant to your application. Include results if the course included an assessment component. Add additional page/lines if necessary.

Title of Course	Provider	Course I From	Duration To	Results Achieved

4.	Relevant Content of Pre	evious Training Undertake	n (accred	lited/ non	ı-accredited)
Have you	ou undertaken any training in the Adolescent/Adult)? Have you u ntion? Did any course that you therapy, Legal, Professional ar	ne areas of Child Care, Child Deve ndertaken any training in any mod attended have content in relation t nd Ethical Issues? Have you unde	elopment ar lel of couns to Theories	nd /or Psychelling or ps of Persona	nopathology ychotherapy lity, Principles of
	Experience of working	with children and families	(includin	g volunta	ary work)
You do	not need to repeat content from	n Q 3 above.			
) <u>.</u>	Experience of Personal				

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7. Experience of Participation in Personal Development Groups
8. Reasons for wishing to pursue this 4-year course of study
Please demonstrate that you are aware of the commitment required to successfully participate in and complete this course, and well as showing that you have an awareness of the field of practice.
9. Are you committed to full attendance on all course days for the 4 training years?
10. Any other relevant information
Is there <b>anything else</b> that you are aware of that may be relevant for the course organiser to consider in relation to your participation on the course or your practice with children or vulnerable adults?

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supervisor, current employer or equivalent CTC will provide you with reference forms for your referees to complete and submit **12**. Where did you hear of this course? Please delete as appropriate: 1. There have / have not been, and are/are not any concerns or complaints of a professional or criminal nature that should be brought to the attention of the course 2. I am /am not aware of any reason why I may not be suitable to engage in therapeutic work. Declaration of undertaking: I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form, in any part of the application process, or while registered with CTC, or failure to disclose information relevant to this application or training may result in my application being rejected/registration being terminated. Children's Therapy Centre has approval to offer students learner protection insurance. Learner Protection insurance is only in place when each student receives their Insurance Policy. Each year of training contributes to the QQI award (Master of Arts in Creative Psychotherapy (Humanistic & Integrative Modality) when the 4 year programme is successfully completed by those registered for the academic award. Please enclose a C.V., 2 passport photos, copies of relevant Certificates, & transcript of results with this completed application and forward to: Eileen Prendiville, CTC, Tír Na nÓg, Slievenagorta, Ballymore, Mullingar, Co Westmeath, N91 CC65 **Phone:** 086-1962501, **E-Mail:** <u>childrenstherapycentre@gmail.com</u>, <u>www.childrenstherapycentre.ie</u> For Office Use Only Interview arranged and attended Date: Attended? C.V. Received Photos Received Copy Certificates & Transcripts Received Garda Vetting & Photo Id Received Professional Declaration Received References Received Outcome of application

Name, Address and Tel. No. of 2 referees one of whom should be your

11.

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### **Professional Declaration**

### Please answer the following questions.

1.	Have you ever been expelled from membership of a professional body?  If Yes, please explain why					
2.	Have you ever had a complaint of a professional nature upheld against you?  If Yes, please explain reason					
3.	Are you currently under investigation by any professional body or are you aware of any reason why you may be subject to such an investigation in the future?  If yes, please give full details					
4.	Do you have any criminal convictions or are you currently under investigation in connection with a criminal charge?  If yes, please give details					
	Name: Date Signed:					

A positive answer to any of these questions is important information but need not preclude acceptance on to the course in all cases. Should you be accepted as a trainee by CTC you are required to notify CTC if answers to the above change during your training period.