

# Professional Issues for Play Therapy Trainees

## Photo ID

Please forward a copy of photo ID (e.g. driving licence, passport) as part of your application.

## References

Applicants are required to submit 2 professional references on CTC standard forms prior to acceptance onto the course. One of these should be from a current supervisor, employer, or equivalent.

## Professional Declaration

Applicants are required to complete a declaration in relation to professional complaints or criminal convictions.

## Professional Membership

Membership of a Professional Body for child therapists: IAPTP: Irish Association for Play Therapy and Psychotherapy – [www.iaptp.ie](http://www.iaptp.ie) / [iaptpinfo@gmail.com](mailto:iaptpinfo@gmail.com). Prior to beginning clinical practice, each participant must be a member of IAPTP and must work in accordance with their ethical framework (see [www.iaptp.ie](http://www.iaptp.ie)). Working in accordance with an appropriate Code of Ethics, and having the backup of a formal regulatory framework, is vital. IAPTP membership email address is [iaptpmembership@gmail.com](mailto:iaptpmembership@gmail.com). The student rate of membership is €50pa and the address for applications is IAPTP Membership, 17 Rossa Avenue, Off Mulgrave St, Limerick.

## Garda Vetting

Prior to beginning the course each participant should obtain garda vetting. This can be arranged by IAPTP (<http://iaptp.ie/membership/becoming-a-member/garda-vetting/>) for Play Therapy Student members on recognised courses (as this one is). You will need this if you will be completing your observations and practice play sessions anywhere other than in your place of employment. Some placement sites insist on completing separate vetting specific to their setting. Do not delay in getting it so that you are not hampered in completing course assignments.

Please note: HSE Staff and others with an up to date Garda Vetting Certificate in their work file can send a copy of this (or a letter from employer confirming that they have it on file) plus a copy of photo ID (e.g. driving licence, passport) instead of seeking new Garda Vetting if you are sure that you will complete all your practice in your workplace.

## Professional Liability Insurance

Prior to undertaking client work with children, each participant must be covered by Professional Liability Insurance, and evidence of this cover must be given to the Course Director each year that you are training with CTC. Such cover is only available to members of Professional Organisations relating to this work (see below). It is vital that the insurance obtained covers therapeutic work with children. This insurance is available from PPS to CTC students. A Standard Bronze Membership is available costing around €68. Details available directly from PPS. [www.ppsweb.info](http://www.ppsweb.info), Phone 0044 0845 053 1182. Those already practicing as therapists should check that your current insurance will cover you for work with children.



CHILDREN'S THERAPY CENTRE  
 Training – Consultancy – Therapy  
 for adults and children

Tír Na nÓg  
 Slievenagorta  
 Ballymore  
 Mullingar  
 Co. Westmeath  
 Ireland

www.childrenstherapycentre.ie

[childrenstherapycentre@gmail.com](mailto:childrenstherapycentre@gmail.com)  
 Phone: 087 6488149

Reference for: .....

I have applied for a position on a Child Therapy training course with the above organisation and have named you as a referee. I would be most grateful if you would respond to the questions hereunder and return to Eileen Prendiville at the address above.

1. In what capacity and for how long do you know the applicant?

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2. Do you believe her/him to be a suitable candidate for this training?

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3. What do you consider to be her/his strengths /weaknesses in this area?

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4. Do you have any concerns regarding her/his suitability for work with children?

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5. Any other Comments?

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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5. Any other Comments?

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# 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. Further information may be requested. 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.*