

**Master of Arts in Creative Psychotherapy**  
**(Humanistic & Integrative Modality)**  
incorporating the  
**Postgraduate Diploma in Play Therapy**  
**Direct Entry APPLICATION FORM**

**1 Personal Details**

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

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

Name of College	Title of Course	Award and Accrediting Body	Course Duration		Level on NFQ	Results Achieved
			From	To		

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 Duration		Results Achieved
		From	To	

**4. Relevant Content of Previous Training Undertaken (accredited/ non-accredited)**

Have you undertaken any training in the areas of Child Care, Child Development and /or Psychopathology (Child/ Adolescent/Adult)? Have you undertaken any training in any model of counselling or psychotherapy intervention? Did any course that you attended have content in relation to Theories of Personality, Principles of Psychotherapy, Legal, Professional and Ethical Issues? Have you undertaken any courses in relation to play or creative arts?

**5. Experience of working with children and families (including voluntary work)**

You do not need to repeat content from Q 3 above.

**6. Experience of Personal Therapy**

**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?**

**10. Any other relevant information**

Is there **anything else** 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?

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

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### **Section 43 Statement:**

In compliance with Section 43 of the Qualifications Act 1999 CTC has made arrangements for the Protection of Learners should CTC, for any reason, terminate a programme before it is complete. In the unlikely even of this happening, and where feasible, CTC will make arrangements with alternate providers for the transfer of students to complete their programme of studies. Alternatively, CTC will refund the most recent fees received from, or on behalf of, a student.

In addition CTC has arranged:

- To retain funds to cover all outstanding costs of completing the programme (cost of venue, trainers, assessment) until the programme is complete.
- That, should a course need to be moved to a different venue, a specific staff member (with support of the Programme Management Team and all CTC supports, policies, and procedures) will be allocated to manage all necessary arrangements to facilitate a smooth transition and completion of the programme.
- That, should a core trainer/s not be available to continue to deliver training on a course, CTC will undertake to find a suitably qualified and experienced replacement as soon as possible and will seek to minimise disruption to student's studies as far as possible.

Each year of training contributes to the QQI award (Master of Arts in Creative Psychotherapy and Play Therapy (Humanistic & Integrative Modality) when the 4 year programme is successfully completed by those registered for the academic award.

### **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.

**Signature** ..... **Date** .....

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 Phone: 087-6488149, E-Mail: [childrenstherapycentre@gmail.com](mailto:childrenstherapycentre@gmail.com), [www.childrenstherapycentre.ie](http://www.childrenstherapycentre.ie)

### ***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	1.	2.
Outcome of application		