



## Membership Application Form

Application categories	
Membership Categories:	<input checked="" type="checkbox"/> Professional member: Certified Play Therapist

### Part 1

Personal particulars	
Name in Chinese:	Name in English:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	
Contact telephone number:	Email address:

### Part 2

Academic qualifications and professional training (Please list in chronological order)				
From (Month/Year):	To (Month/Year):	Name of institution(s) (Please state the country for overseas <i>program</i> ):	Study level/Qualifications obtained:	Date of award (Month/Year):

\*Provide the proof of academic qualifications

Play therapy program(s) studied (Please list in chronological order)		
Year of study:	Name of institution(s):	Name of program(s):

\* Provide the program certificate



**Part 3**

Required core courses				
Course	Name of institution:	Name of program:	Course Title:	Year of Study:
Child Development				
Theories of Personality				
Theories of Counseling				
Abnormal Psychology / Child and Adolescent Psychopathology				
Legal, Ethical and Professional Issues				

\*Provide the academic transcript(s)

Mental health and counseling related working experience			
Period (Month/Year)	Job Title	Employer	Clinical hours

\* Provide the proof of related working experience and indicate the numbers of hour



Play therapy practicum			
Period (Month/Year)	Job Title	Employer	Clinical hours

\* Provide the record(s) of play therapy practicum

Play therapy supervision	
Period (Month/Year):	From _____ to _____
Supervisor information	
Full Name:	
Position and Organization:	
Professional status, if any: e.g RPT-S(US)	(please state the country)
Supervision experience related to play therapy	_____ years
Email:	
Contact Phone Number:	
Supervision hours provided to the applicant:	Individual hour: _____ Group hour: _____
Supervisor signature:	

\*If you have more than one supervisor, please use additional paper



遊戲治療協會(香港)

Hong Kong Academy of Play Therapy

Declaration:

- I declare that the information given in this form is correct, updated and on a voluntary basis. I understand that the personal data and documents submitted will be used for statistical analysis and contact purposes. The information will be kept confidential. I have the right to request access to and correction of the personal data through HKAPT.

For Professional member applicant:

- I have read and am familiar with the **Play Therapy Best Practices** displayed on its website, [www.hkapt.org](http://www.hkapt.org). I agree to abide by Play Therapy Best Practices.
- I solemnly and sincerely declare that I have not been charged in any place for any criminal offence or subject to any allegation of professional malpractice.
- I understand HKAPT have reserved the sole right to place my membership on probation, or temporarily suspend or permanently revoke it, if my practice was found violating the Play Therapy Best Practices and the guidelines of HKAPT.
- I understand my full name will be disclosed on HKAPT website for public to view once I am admitted as a Certified Play Therapist (CPT).

Date:

Signature:



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#### Notes to applicants

Please submit the completed form, a crossed cheque and required document(s) listed below (if any) to the office of Hong Kong Academy of Play Therapy (HKAPT) by post or in person.

Documents required for Professional member:

- *Proof of academic qualifications (copy)*
- *Proof of completion of play therapy program(s) (copy)*
- *Proof of related working experiences*
- *Record(s) of play therapy practicum*

Cheque: Please make your *cheque* payable to “Hong Kong Academy of Play Therapy Ltd” and crossed.

HKAPT office: Suite 1107, 11th Floor, Two Chinachem Exchange Square, 338 King's Road, North Point, Hong Kong.

#### Membership Fee

Membership Categories:	Professional member (Certified Play Therapist)
Annual Fee	HK\$1,000+\$500(assessment fee in the first year)