



Student Membership Renewal Form

Student Member

- This category of membership is open to any person who is enrolled on a Play Therapy training course which is accredited by BAPT or the Current MA Play Therapy Course in CIT Cork.
- The training course must be affiliated to a third level institution and reach certain criteria for qualification, namely, recognised accreditation.
- The Membership Fee is due with application.



CATEGORY OF MEMBERSHIP

Application for Student Membership
Irish Play Therapy Association

1. PERSONAL DETAILS

Your Full Name:

Gender: Female Male Other

Address:

Telephone No(s):

Email Address:

Date of Birth:



2. CURRENT PLAY THERAPY TRAINING/ PROFESSIONAL QUALIFICATIONS

QUALIFICATION	UNIVERSITY	DATES		AWARDING BODY
		FROM	TO	

3. OTHER RELEVANT TRAINING

COURSE TITLE	AWARD (CERT., DIP., ETC.)	DATES		TRAINING INSTITUTION
		FROM	TO	



4. RELEVANT WORK EXPERIENCE

DATES FROM TO	JOB TITLE	EMPLOYER	MAIN RESPONSIBILITIES

5. CURRENT WORK

DATE STARTED	JOB TITLE	EMPLOYER	MAIN RESPONSIBILITIES



6. PLAY THERAPY SUPERVISION

Do you receive regular clinical supervision for your Play Therapy practice? YES NO

How many play therapy practice hours per month do you complete?

Please give details of your attended Supervision (including frequency and duration)

7. PLAY THERAPY SUPERVISOR DETAILS:

Is your supervisor an approved IPTA supervisor? YES NO

Please give full name and contact details of supervisor :

SUPERVISOR'S SIGNATURE:



8. PERSONAL THERAPY DETAILS

Are you in, or have you been in personal therapy? YES NO

How many personal therapy hours have you received to date?

Please give name of and details of your personal therapist(s):

Please state the professional body that your therapist/counsellor is accredited with:



9 DECLARATION OF STUDENT MEMBERSHIP APPLICANT

I CONFIRM THAT:

- a) I am enrolled on a registered play therapy training course.
- b) I do not have a criminal record that may prejudice the interests of children.
- c) I have not been dismissed from employment on the grounds of professional misconduct.
- d) I have not been refused membership of a professional body or register in a related field on the grounds of professional misconduct.
- e) I understand that Student Membership of IPTA cannot, in any circumstances, be used as a qualification of practice as a qualified play therapist. I undertake not to misrepresent my membership status of the association.
- f) I have read and will abide by the criteria defined in the Code of Ethics Practice, and the Child Protection Policy of the Irish Play Therapy Association.
- g) The information detailed in this membership application form is true to the best of my knowledge and does not contain any false or misleading information regarding my experience, qualifications, practice, membership or identity.

YOUR FULL NAME:

YOUR SIGNATURE:

DATE:



8. DECLARATION OF GDPR CONSENT

a) I give permission to the executive committee to place my name on the 'Student Members' section of the IPTA website.

b) I give full permission to the IPTA membership secretary to store a hard copy of this form for a period of 2 years, after which time it will be destroyed subject to GDPR guidelines.

YOUR FULL NAME:

YOUR SIGNATURE:

DATE:



9. ANNUAL FEE FOR MEMBERSHIP

- Annual full membership fee is €15. *Late payment is €25.
- Renewal fees are due annually in January.

10. RENEWAL MEMBERSHIP APPLICATION CHECKLIST

- I understand that my Full Membership application will be considered by the IRISH PLAY THERAPY ASSOCIATION membership committee.
I accept that the IRISH PLAY THERAPY ASSOCIATION membership committee reserve the right to refuse membership and that the decision of the committee is final.
- I have enclosed a valid copy of my professional indemnity insurance certificate (student status) or I enclose a written statement of agreement, to forward student indemnity insurance certificate within 30 days of membership approval.
- I enclose an official letter/e-mail from course co-ordinator of evidence of course attendance/registration.
- I have enclosed copy of recent Garda Vetting.
- I have signed and dated the Student Declaration.
- I have signed and dated the GDPR Consent.
- I have made an online payment of my Full Membership Fee of €15.
- I have e-mailed the Treasurer confirming payment.



11.METHOD OF PAYMENT:

Please make an **online payment** to the IPTA Bank Account

Details:

BIC BOFIE2D

IBAN IE97 BOFI90318926806555

- Please **reference the lodgement with your name** otherwise your payment cannot be identified.
- Please send an **e-mail confirming payment** to iptamembers@gmail.com

12.COMPLETION OF APPLICATION PROCESS:

- Please forward the **completed Application Form and the relevant documentation by e-mail** for the attention of the IPTA Membership Secretary to iptamembers@gmail.com
- Once the relevant documentation and payment confirmation is received the membership secretary will e-mail a **Certificate of Membership** valid for the coming year.



Thank you for your Kind Attention