

Application For Accreditation Form

Please do not use
for renewals



Play Therapy UK *The United Kingdom Society for Play and Creative Arts Therapies* and **Play Therapy International**

The Coach House, Belmont Road, Uckfield, East Sussex TN22 1BP UK

Tel +44 (0)1825 761143 **Email** contact@ptukorg.com **Website** playtherapy.org.uk

To ensure members meet the standards required by PTUK/PTI for Accreditation, Applications for Accreditation will be accepted one year post qualification.

To apply for accreditation, you will need to have completed a **minimum** of 450 supervised clinical hours and this can include:

100.....Certificate.

50.....Post Certificate as Certified Practitioner in Therapeutic Play Skills (*50 maximum - optional*).

100.....Diploma.

200/250.....Post Qualifying (*these need to have commenced after you have been awarded your Diploma, have both pre and post SDQs, which have all been logged in Fortuna*).

Please do not apply for Accreditation until you have met these requirements.

Membership number	
First name	
Last name	
Phone no.	
Email address	

Please ensure your personal details match the details on your official ID document (i.e. passport).
Failing to do so will result in your application being rejected.

By signing this application, you are providing confirmation that all the following statements apply to you:

- I have completed a minimum of 450 supervised clinical hours in accordance with the PTUK/PTI requirements.
- I attach confirmation from my supervisor that I have received a minimum 1.5 hours supervision every month Post Qualifying.
- I have entered all my client and supervision data on Fortuna.
- I have met the CPD requirements as entered on Fortuna.
- I have completed the supervision log sheet (*proceeding pages*) which confirms I have attended the required amount of supervision in respect of hours submitted for accreditation ie 1.5 hours a month.
- I am a current member of PTUK/PTI (*if membership has not been continuous unpaid years must be made up*).

Please submit additional documents as PDF or Word files (*not JPG files*) by email to PTUK: contact@ptukorg.com

Please ensure your name is clearly marked on every document.

I confirm the above information is correct and if required, agree to supply any further information asked for in relation to this application.

Signature		Date	
-----------	--	------	--

A Clinical Governance check may be carried out to ensure compliance.

Data Protection (GDPR)

PTUK collects your personal data for the purpose of your membership with us. We will use this information for the duration of your membership to provide you with the services requested, maintaining our membership records and keeping you up to date. Your data will not be shared outside PTUK for marketing purposes. For further information explaining how we use your information, please see our privacy notice playtherapy.org.uk/play-therapy-privacy-policy

These hours are in addition to the 200 hours we have logged for your certificate and diploma client work.

[illegible]

These hours are in addition to the 200 hours we have logged for your certificate and diploma client work.

[illegible]

If you have any queries please email contact@ptukorg.com