

British Association of Play Therapists

Application Form for becoming an Approved Play Therapy Supervisor

All applicants must have a minimum of 3 years experience of post qualifying clinical practice.

In order to process all Approved Play Therapy Supervisor applications, BAPT requires applicants to pay a one-off administration fee of £30.

Please answer all of the following questions.

Your Name:

Gender: Female Male

Contact Address:

Postcode:

Telephone No:

Fax No:

Email Address:

BAPT Membership No:

How long have you been a Full Member of BAPT?

Please list your Professional Qualifications below:

Qualification	University/College	Dates		Awarding Body
		From	To	

Where have you worked as a Play Therapist?
(attach extra sheets if required)

Dates		Employer	Job Title	Main Responsibilities
From	To			

What is your training experience as a Supervisor?

What approach to supervision do you use?

What are your expectations of your supervisee?

How do you view your accountability to:

The Supervisee?

The Supervisee's Line Manager?

The Child?

What records do you keep of your supervision?

What is your availability to supervise?

Regional Location:
(what region would you consider yourself working in – please choose one)

- | | |
|---|---|
| <input type="checkbox"/> London | <input type="checkbox"/> North East |
| <input type="checkbox"/> South East | <input type="checkbox"/> North Wales |
| <input type="checkbox"/> South West | <input type="checkbox"/> South Wales |
| <input type="checkbox"/> Midlands/East Anglia | <input type="checkbox"/> Scottish Lowlands |
| <input type="checkbox"/> North West | <input type="checkbox"/> Scottish Highlands |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Ireland/Outside UK |

Area(s) you work in:
(what specific areas do your supervisees come from? Please state specific city boroughs areas/counties)

Venue used for Supervision:
(please give details)

Theoretical approach to Supervision:

Type of Supervision:

- Individual Supervision only
- Group Supervision only
- Individual and Group Supervision

What fees do you charge?
(please include details of any reduced fees for Students):

What arrangements do you have for the Supervision of your Supervision?

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Please give details of the following 2 references:

REFERENCE 1: SUPERVISEE (a person who can comment on your skills as a Supervisor)	REFERENCE 2: PLAY THERAPY PRACTICE (This must be your Clinical Supervisor, who can comment on your practice as a Professional Play Therapist.) <i>NB your supervisor must not also be your line manager.</i>
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:
Email:	Email:

DECLARATION

- a) I accept and agree to the information given in this form to be placed in the British Association of Play Therapists Approved Supervisor Register. I understand that this information may be accessed by any member of the public through a paper copy of the Register and/or the British Association of Play Therapists Internet Site at www.bapt.uk.com.
- b) I accept and agree that the British Association of Play Therapists is not responsible or liable for the general public's use or misuse of information contained within the Register.
- c) I accept and agree that the British Association of Play Therapists is not responsible or liable for any loss of earnings, damages or any other costs incurred by a member through the British Association of Play Therapists Approved Supervisor Register.
- d) I accept and understand that the information given in this form will be placed in the Register for one calendar year and cannot be removed or changed prior to this time period, except in circumstances surrounding complaints against a Full member of the British Association of Play Therapists or if the Full Member's membership expires. I understand that if a complaint is upheld about my practice as a Play Therapist and/or as a Supervisor, BAPT may withdraw indefinitely or for a period, my registration as a Supervisor and I may need to re-apply to become a Supervisor in the future.
- e) I confirm that the information contained within this 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.
- f) I have enclosed a cheque payable to the "British Association of Play Therapists" for £30.

Your Signature:

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Your Full Name:

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Date:

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**PLEASE RETURN THIS COMPLETED FORM + ADMINISTRATION FEE OF £30 TO THE
BRITISH ASSOCIATION OF PLAY THERAPISTS.**