



The British Association of Play Therapists

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Supervisor Confirmation Form

In order to apply for Full membership of BAPT, your supervisor must complete this form. This form has been designed to ensure that the BAPT Board of Directors obtain all the information they need to reach the correct decision. By carefully answering each question you will avoid the delay which occurs when we have to ask for information which has been omitted.

Q1 Supervisee's details

Surname
First Names
Address
Postcode

Q2 Supervisor's details

Surname
First Names
Title (Mrs, Miss, Mr, Dr)
Address
Postcode
Telephone Home Work
Email Home Work

Q3 Please confirm your professional training/qualification:

ACP Child Psychotherapist HPC Art Therapist HPC Drama Therapist Child Psychiatrist
BPS Clinical Psychologist HPC Music Therapist UKCP Family Therapist BAPT Play Therapist

Q4 To which Professional Association, Society or Council are you registered:

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Q5 Do you possess an up-to-date and clear CRB Enhanced Disclosure? Yes No

If yes, please give date received

Q6 What qualifications do you hold? Please give them in date order, starting with the first.

Award (B.Sc, MA, Postgraduate Dip)	Title of course	Name of University or College	Name of awarding body, if different	Dates (gives months and year)	
				Start	Completed

Q8 Please provide a brief description of your supervisory experience (including number of years of supervisory experience, number of supervisees and whether you have supervised Play Therapists before).

Q9 Please provide a brief description of your supervisory practice (including your theoretical orientation, how you define your supervisory responsibilities and the aims of your supervision).

Q10 SUPERVISOR'S DECLARATION

I CONFIRM THAT:

- a. I supervise the above named supervisee's play therapy practice.
- 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. 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.

Supervisor's Signature

Supervisor's Full Name

Today's Date

THANK YOU

**PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT WHO MUST
SEND THIS ATTACHED TO THEIR BAPT MEMBERSHIP FORM**