

British Association of Play Therapists

Qualified Play Therapists Register

BAPT is updating its Register of Qualified Play Therapists to include detailed information about each practitioner. This Register will also be available on the BAPT website and should significantly increase access for the public to qualified Play Therapists.

The Register will be available to the public through purchasing a printed copy or accessing the BAPT website (www.bapt.uk.com). If you wish your information to be included in the Register, please complete the form and return it to the BAPT address.

Please answer all questions carefully, keeping in mind that members' of the public will be able to access the information detailed:

Your BAPT Membership No:
(not shown on Register)

Your Surname:

Your First Name:

Contact Address:
(optional)

Postcode:
(optional)

Contact Telephone No:
(optional)

Contact Fax No:
(optional)

Contact Email Address:
(optional)

What Code of Ethics do you
abide by (BAPT, CPSM, BACP
etc):

What Professional Associations/
Organisations are you registered
with?

What are your fee scales for Play
Therapy (please include minimum,
maximum and concessionary rates):

Your Professional Qualifications
(abbreviations only):

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 |

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

Do you have particular experience/interest in an area of Play Therapy?:

Brief description of how you work
(maximum 250 letters/spaces):

How would you describe your theoretical approach:

DECLARATION

- a) I accept and agree to the information given in this form to be placed in the British Association of Play Therapists Qualified Play Therapists 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 Qualified Play Therapists 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/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.
- 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.

Your Signature:

Your Full Name:

Date:

Please return this completed form to the BAPT Address