**Application to Register for the Group Theraplay® Certification Practicum UK (excluding NI)**

Thank you for your application to register for the Group Theraplay® Certification Practicum UK.

| Name |  |
| --- | --- |
| Contact details | Email:  Telephone:  Address: |
| Place of work / independent |  |

| **Registration materials required:** |
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To apply for this Practicum, you must submit the following documents to Theraplay® UK. Electronic versions and scanned copies are acceptable. Registration materials should be submitted to [admin@theraplay.org.uk](mailto:admin@theraplay.org.uk)

| **1** | **Practicum Certification Registration Form** | See below. This should be completed and emailed to [admin@theraplay.org.uk](mailto:admin@theraplay.org.uk) |
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| **2** | **Best Practice Agreement** | See below. This should be signed and emailed to [admin@theraplay.org.uk](mailto:admin@theraplay.org.uk) |
| **3** | **Professional experience and context** | Narrative of your professional experience (CV is sufficient - this should include educational background and qualifications, relevant employment history and volunteer work)  A brief description of how you intend to use Group Theraplay principles in your work (no more than one A4 side) |
| **4** | **Qualifications** | There are two Group Theraplay Practicum stages - **Foundational Level and Fully** **Certified.** You can apply to complete the full Practicum if you:  **To become a fully Certified Group Theraplay® Practitioner, applicants must:**  Hold a relevant professional qualification in your field of expertise such as teaching, health or social care to a least degree level/level 6 equivalent. (Level 6 qualification examples are: degree apprenticeship, degree with honours - for example bachelor of the arts (BA) hons, bachelor of science (BSc) hons, level 6 award, level 6 certificate, level 6 diploma, level 6 NVQ, ordinary degree without honours  Our expectation is that your qualification will provide a solid background in:  ● the principles of child or human development   * the ethical issues within their own discipline, including best practice within their area of experience; and * professional experience working with children in groups   **And**  Be an accredited/registered member of a professional body which qualifies you to provide services to children and requires you to work within a framework of ethical practice and has a complaints procedure in place, which clients can access.  Examples of these professional bodies are: Health Care Professionals Council (HCPC), United Kingdom Council for Psychotherapy (UKCP), British Association for Counselling and Psychotherapy (BACP), Social Work England (SWE), Social Care Wales (SWW), Social Work Scotland (SWS), British Association of Play Therapists (BAPT), will meet these requirements.  Teachers can also become fully certified in Group Theraplay under the framework of their own school.  If your professional body is not listed here, your professional body needs to have a framework for ethical practice which oversees your profession and will hear complaints about Group Theraplay® as part of your professional practice.  **And**  Provide evidence that you have completed Level 1 Theraplay/MIM + one day Theraplay Group training or the stand alone two day Theraplay Group training - this must be a training provided by The Theraplay® Institute or Theraplay® UK. |
|  |  | **To become a Foundational Group Theraplay Practitioner:**  Professionals who work with children for example; Teaching Assistants, SEN Workers, Family Support Workers and Residential Workers. Applicants who have extensive experience working with children in groups (or adults - if you will be undertaking Theraplay groups with adults), but who have not yet completed their professional degree/Level 6 equivalent, will be admitted into the Group Theraplay Practicum and can complete up to the Foundational level of Group Theraplay certification.  They can serve as co-leader with a Certified Group Theraplay Practitioner or arrange for ongoing supervision once a month with their certification supervisor. When professional requirements are completed and proof is submitted they can continue beyond Foundational to Certified Group Theraplay Practitioner.  Others who work with children and families but are not professionally qualified may achieve Foundational Group Theraplay Practitioner. Should their professional status change, they may seek further levels of certification at a later time.  The decision about qualifications will be made at application.  **And**  Have attended the Level 1/MIM plus one day Group Theraplay or the two day stand alone Group Theraplay training. |
| **5** | **Professional registration/Work Organisation** | Confirmation of your professional registration and/or confirmation that you hold a relevant position in health, social care or education, such as Teacher, Family Support Worker, Teaching Assistant, Residential workers. |
| **6** | **Indemnity insurance** | Confirmation that you have your own professional indemnity insurance or that your workplace covers you for Group Theraplay-informed work. |
| **7** | **Enhanced Disclosure** | *For England and Wales* - Copy of your Enhanced Disclosure and Barring Service (DBS) including barred list checks or details of access to your DBS online update.  *For Scotland* - Copy of your Enhanced Disclosure from Disclosure Scotland and evidence of membership of the Scotland Protecting Vulnerable Groups (PVG) Scheme.  All documents must be dated within the last three years. |
| **8** | **Workplace consent** | If employed by an agency or organisation, written permission from your line manager/director/head teacher for you to undertake Group Theraplay-informed sessions and to use these group work sessions for the practicum. If you are an independent practitioner, evidence that your clinical supervisor or a manager at the work setting where you are seeing families will oversee your Theraplay related work. |

| **Group** **Practicum Certification Registration Form** |
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**Registrant Contact Information:**

First Name:

Last Name:

Relevant Qualification or Workplace Role:

Registered Professional Body (where relevant):

Work Organisation:

Preferred Mailing Address:

Postcode:

Country:

Preferred Email Address:

Preferred Phone:

**How did you hear about the certification program?** (Please check one)

🔲 Word of Mouth

🔲 Referral from:

🔲 Level One/Group Training

🔲 Email from Theraplay UK

**I am registering for (Please tick):**

Theraplay Practicum:

🔲 Group

🔲 Foundational level

🔲Full certification (if eligible)

🔲The supervisor matching service can match you with a Theraplay UK approved supervisor, please tick if you wish to be matched.

If you already have a Theraplay UK approved supervisor, please state name:

***Note:*** *Please ensure the name provided in the above contact information reflects the name that you would like on any certificates you may receive throughout this program. Please also ensure the provided email address reflects where you would like your certificate sent upon completion of a practicum level.*

**Best Practice Requirements and Declaration – UK Agreement**

**Group Theraplay® Certification Practicum Attestation**

I understand that by registering to join the Group Theraplay® practicum, I am indicating that I agree to the following statements:

* I am in compliance and will abide by Theraplay® Service Mark guidelines *(See* [*https://theraplay.org/the-theraplay-institute/service-mark/*](https://theraplay.org/the-theraplay-institute/service-mark/)*).*
* If I am in the Group Theraplay® Practicum, professionals can say they are working toward certification as a Group Theraplay® Specialist. If they have completed a level of practicum, they may state that they are a “Foundation Theraplay® Group Specialist” and refer to their practice as Group Theraplay®.
* After completing the supervised practicum and all other requirements for Certification, professionals can call themselves “Certified Theraplay® Group Specialist” and refer to their practice as Group Theraplay®.
* Once professionals earn Theraplay® Group Specialist status, they can use the Theraplay® name in written statements about their practice. Reference to Theraplay® in written statements in agency brochures, business cards, private practice advertising, and other published material should be followed by the service mark registration notice symbol ® and footnoted with the following phrase: “A registered service mark of The Theraplay Institute, 736 N. Western Ave, #142, Lake Forest, IL 60045.”
* I will use Theraplay® within the confines of my professional role, qualifications and the ethics of any professional bodies of which I am a member.
* I may be required to do additional supervision sessions beyond the minimum to ensure my skills are at the required level for certification. If it is determined that additional supervision is necessary I understand that I will have to pay additionally for these supervision sessions.
* I do not have a criminal record that may prejudice the interests of children and families.
* I have not been dismissed from employment on the grounds of professional misconduct or lack of competence.
* I have not been refused membership of a professional body in a related field on the grounds of professional misconduct or lack of competence (where applicable).
* I will keep Theraplay UK informed of any changes to my circumstances, either professionally or in relation to my personal character (including any conviction or caution that you are required to disclose).
* I am covered by Professional Indemnity and Public Liability insurance either personally or by my employer’s policies.
* I have the proper Consent to Videotape forms on file for each child taking part in Group Theraplay including a statement which is clear these will be used in supervision with a Theraplay UK or international approved Theraplay supervisor.
* If there are any updates or changes to my contact information, CV, professional registration (where applicable)/employment status and proof of liability insurance, I will notify Theraplay UK.

*I have read and agree to the terms of the Best Practice Requirements for the practice of Theraplay*® *in the UK as described above.*

| Name |  |
| --- | --- |
| Signature |  |
| Today’s date |  |

**Theraplay UK**

Registered Address: Kilvert’s School, Clyro, Hay-on-Wye, Hereford HR3 5SB

Companies House Registration: 12543244

admin@theraplay.org.uk

[www.theraplay.org.uk](http://www.theraplay.org.uk)

Theraplay® is a registered service mark of The Theraplay Institute, 736 N. Western Ave, #142, Lake Forest, IL 60045