**Application form: Red Shoe Play Interventions Certificate Programme 2025/2026**

**Closing date 30 November 2024 for Jan 2025 intake and 31 May 2025 for July 202 intake**

**Please complete and send to rindablom@gmail.com**

1. Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Cell phone nr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I am applying for the January/June 2025 intake
3. Please list your current qualifications and add a copy of your graduation certificate

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1. Please list your current work experience in terms of years, places worked and counseling experience with children

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1. Please list your current registration(s) at a professional board such as SACSSP, HPCSA, C4CSA

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1. Please motivate why you would like to participate in this training

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**Please attach a personal reference letter of two referees as recommendation for this training**