



Play/Creative Therapy Application Form

Date of application:
//____

If you have any difficulty filling out this form please contact the Early Years & Family Support Coordinator on 01 296 5025

Parent/Legal Guardian Name: _____

Full Address: _____

Phone Number: _____ (landline & mobile)

Child's Name: _____

Address: _____ Date of Birth: _____

Has your child attended Play/Creative Therapy Before? Yes No

If 'yes', when? _____

Where did they attend Play/Creative Therapy? _____

What is the main reason for this application?

.....
.....

If the application is in relation to bereavement, what is the child's relationship to the deceased?

Has your child received age-appropriate factual information on the nature of the bereavement? Yes No

If the answer is no, please explain further

Please consider if any of the following are being experienced by your child over a very long time and are inhibiting the normal routine of their everyday life.

- [] Aggressive behaviour and/or destroying property
- [] High levels of anxiety that interferes with everyday life
- [] Complaints of physical symptoms that interfere with everyday life, e.g. stomach complaints, headaches etc.

[] Significant social withdrawal from interaction with family and friends

[] Refusal to go to school.

[] Self-harming or wishing to die

Has your child attended any other service?

Yes No

If yes, state the service and the nature of the service?

Please confirm that your child is no longer attending this service as children can only attend one service at a time

Yes No

Does your child have any additional special needs that we should be aware of e.g. needs to use an inhaler, diabetes, epilepsy? If yes, please specify:

*Please note we **cannot** administer medication. Is your child able to safely self medicate if/when required?*

Yes [] No [] Not Applicable []

Is there anything else that we need to know about your child?

Names of **two people** who can be contacted in your unexpected absence or in case of emergency

1. Name and mobile number: _____

2. Name and mobile number: _____

Names and numbers of three people who have permission to collect your child from each session:
(Please note that your child will only be permitted to leave if one of these three named people collects them).

1. _____ Number: _____

2. _____ Number: _____

3. _____ Number: _____

Please note: You must try to always drop off and collect your child before and after each session. On occasion the Therapist may need to liaise with you.

I request for my child to have a place on the Play/Creative Therapy programme being offered by Hillview Resource Centre.

I understand that feedback is not given on my child's participation in the Play/Creative Therapy programme.

I understand that the Play/Creative Therapy materials used by my child are part of the programme and cannot be requested to be brought home.

The signature of one parent/legal guardian only is required. However, in the case of separation and divorce it is in the child's best interest that both parents/guardians are consulted and agree on their child's attendance.

If this application is in relation to parental separation and Hillview Resource Centre is made aware of the objection of other parent or guardian your child may not be able to attend the Play/Creative Therapy programme.

Which Play/Creative Therapy programme are you applying for:

- Option A) Low Cost Play/Creative Therapy
If you are in receipt of social welfare entitlement attach a payment receipt and/or supporting documentation (not more than 2 months old e.g. payment receipt, letter of approved claim etc)
- Option B) Play/Creative Therapy
For those not in receipt of Social Welfare entitlement

Parent/Legal Guardian Signature: Date:

Contact Numbers:

Email:

Please attach any other relevant information on a separate sheet

Hillview Resource Centre adheres to all guidelines set down by *Children First National Guidance 2015*.

Data Protection Declaration (*important, please read carefully*):

Hillview Resource Centre gathers electronic (computer files) and manual data (hard copy forms, questionnaires etc) for the purposes of gathering statistical information, creating confidential mailing lists, administering centre programmes. Your personal information will NOT be shared with anyone outside of the organisation and will be appropriately secured at all times.

Signature of Parent/Legal Guardian:.....

If you are satisfied with the above Data Protection Declaration please sign above.