

Application to appear on the 'Find a Therapist' directory on the Sandplay Aotearoa website

Instructions

This is an active pdf form. Please fill out the active fields and save as ensuring that your name is in the file name. Please attach any supporting documents to your email and send to info@sandplayaotearoa.co.nz.

If you experience any difficulties with filling in this form, please click on the icon for your free download of the latest version of Acrobat Reader.



A. Practitioner contact details

Preferred title: Ms Mrs Miss Dr Mr Other

Surname: First name(s):

The address you want to appear on the Sandplay Aotearoa website (it can be just your city or suburb if you wish):

Mobile: Business/work phone:

Website:

Email:

I am happy to receive correspondence from Sandplay Aotearoa via email.

Bio photograph. Please attach a medium resolution jpeg photo of yourself to be included on the website.

B. Practitioner application

1. Requirements

Practitioners included on this website must have completed at least 50 hours of specific training and have Supervision from an experienced Sandtray/Sandplay Therapist at a ratio of 1:20 hours of clinical practice.

Sandtray practitioners primarily use the modality for solution-focused, short term work.

Sandplay practitioners must be cogniscent of the principles of Sandplay Therapy as developed by Dora Kalff of Zollikon and the role of Jungian Psychological principles / Depth Psychology that underpin the modality.

2. Overview of Sandtray / Sandplay therapy training

Trainer(s):

Place(s) of training:

Total hours of training:

Approximate hours of Sandtray / Sandplay clinical practice:

Sandtray / Sandplay supervision with:

Professional registration:

3. Qualifications

List qualifications:

eg. BA, MA (Arts Therapy), PhD (Arts Therapy)

4. Biographical information

Please provide your biographical description (up to 100 words):

5. Professional expertise

Please provide your areas of expertise (up to 50 words):

6. Specific therapy areas

(please tick any that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Domestic/Family Violence | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Addiction(s) | <input type="checkbox"/> Forensic | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Gay/Lesbian/Bi-sexual/Transgender | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Health-related Issues | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> HIV/Aids | <input type="checkbox"/> Sex-related Issues |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Identity Issues | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Infertility | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Trauma and PTSD |
| <input type="checkbox"/> Couple/Relationship Issues | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Cultural Issues | <input type="checkbox"/> Natural Disasters | <input type="checkbox"/> Work-related Issues |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Palliative Care | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personal Development | |

7. Client types

(please tick any that apply):

- Adolescents
- Adults
- Children
- Couples/Relationship
- Elderly
- Family
- Groups
- Organisations
- Other