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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | | | | | | | |
| Last Name |  | | | | | | | | | |
| Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Post Code |  | | | Phone | |  | | | |  |
| Email |  | | | | | | | | | |
| **When did you complete the 3-day core training?**  *Year (and month, if known)* | | | | | | | | | | |
| Date |  | | | | Venue |  | | | |  |
|  | | | | | | | | | | |
| **Are you practicing Godly Play?** | | | | | | **Yes/No** | | | | |
| *Please give details of the context and frequency in which you practice Godly Play* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Are you involved in supporting and promoting Godly Play?** | | | | | | | | **Yes/No** | | |
| *Please give details, e.g. lending resources, running Godly Play circles.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Are you already in contact with your local trainer?** | | | | | | | **Yes/No** | | | |
| If so, who is your local trainer? | | | | | | |  | | | |
|  | | | | | | | | | | |
| **Are you continuing to develop in your Godly Play journey?** | | | | | | | **Yes/No** | | | |
| *Please give details e.g. attending enrichment days, Godly Play Conferences, other relevant courses or reading.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **If you have an area of special interest, please give details. If not, please don’t worry.**  *eg schools, special needs, prisons, teenagers, dementia, mental health.* | | | | | | | | | | |
| **Date of this application:** | | |  | | | | | |  | |
| **PLEASE PROVIDE A REFEREE WE CAN CONTACT BY EMAIL** | | | | | | | | | | |
| Name: | |  | | | | | | |  | |
| Email address: | |  | | | | | | |  | |

*Return form to Ms K.Lyddon, Godly Play Trainer, 11 Venn Crescent, Plymouth, PL3 5PJ*