



**WESTERN CAPE ASSOCIATION FOR PLAY  
THERAPY  
WES-KAAP VERENIGING VIR SPELTERAPIE**

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FORM S1

**APPLICATION FORM TO BE COMPLETED BY A SOCIAL WORKER**

Name of Social Worker:.....

Name of Organisation:.....

Contact Details: (Tel – Office hours).....

Cell:.....

Fax:.....

Email: .....

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Name of Child: .....

Address: .....

Name: Biological Father -.....

Contact Details: Tel:..... Cell:.....

Address: .....

Name: Biological Mother -.....

Contact Details: Tel:..... Cell:.....

Address: .....

Name: Caregiver 1 -.....

Contact Details: Tel:..... Cell:.....

Address: .....

Name: Caregiver 2 -.....

Contact Details: Tel:..... Cell:.....

Address: .....

WESTERN CAPE ASSOCIATION FOR PLAY THERAPY  
WES-KAAP VERENIGING VIR SPELTERAPIE

Website: <http://www.association-playtherapy.org.za/>

Email: [speltherapie@gmail.com](mailto:speltherapie@gmail.com)



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FORM S1

Parent[s]/Caregiver[s] agree to the therapeutic services to be rendered:

Signed (Father): ..... Date: .....  
Signed (Mother):..... Date: .....  
Signed (Caregiver 1):..... Date:.....  
Signed (Caregiver 2):..... Date: .....

Social Worker recommends the therapeutic intervention as part of the intervention process: (Reports to be attached)

Signed (Social Worker): .....

Date:.....

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