SOUTH AFRICAN
SANDPLAY
THERAPY SOCIETY
(SASTS)

APPLICATION FORM

TWO YEAR JUNGIAN SANDPLAY THERAPY INTENSIVE PROGRAM

Please complete the information requested below:

I _____ (name & surname) hereby apply to be a participant in this Jungian Sandplay Therapy Intensive program starting in March 2027 and ending in March 2029.

- I understand that Jungian Sandplay Therapy is a in-depth training in the Jungian tradition. I also understand that this treatment modality can not be practiced without one's own Sandplay Process (SASTS will provide you names), and a solid foundation of a Two Year Intensive Program.

- I understand that I have a choice after the Two Year Program to continue with a ISST and SASTS certification program (individual and group supervision, the writing of two symbol papers and a final case study that will be examined by ISST teachers).

- I am willing to take part in the SASTS seminar programs every second month (see website sasts.co.za).

I hereby agree to the above.

_____ _____
(Signature) (Date)

Full name and Surname: _____

Telephone contact details: _____

Email address: _____

Physical/practice address: _____

City/town and province: _____

HPCSA Category and PS number: _____

List your education-, degrees and clinical licence status:

_____

_____

_____

List Jungian Sandplay courses you have taken before, with whom and approximate dates:

_____

_____

_____

*A short interview will be arranged with you on Zoom ASAP.

Confidentiality Agreement

By assigning my name hereunder, I agree that if I am accepted to participate in the program, I will uphold the highest standards of professional confidentiality, adhering strictly at all times to all laws and ethics governing the protection of client confidentiality.

I acknowledge that such intensive study of unconscious material requires significant personal growth and transformation and affirm that I am sufficiently physically fit and emotionally sound to undertake this training. I agree to remain responsible for my own well being throughout the program.

I hereby agree to pay my deposit of R2000.00 after my personal interview with the President and Vice Presidents of the SASTS.

Yes, I agree to all above.

_____ _____

(Signature of Participant) (Date)

PLEASE EMAIL THE APPLICATION FORM TO: braambeetge@gmail.com