

Vancouver Art Therapy Institute

1575 Johnston Street
Vancouver, BC V6H 3R9
Phone: 604-681-8284
Fax: 604-331-8262
email: vatimail@telus.net

Advanced Diploma Application Form

Name _____ Date of Birth _____

Address _____ Postal Code _____

Phone (____) _____ Fax (____) _____ email _____

Education

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

Emergency Contact

Name _____ Relationship _____

Address _____

_____ Phone _____

Application materials:

1. Transcripts verifying degrees sent **directly from the university**. yes/no
 2. 3 Letters of Reference from educational and/or employment situation. yes/no
 3. Personal Autobiography emphasizing early life experiences. yes/no
 4. A statement explaining yes/no
 - Your current working situation
 - Your skills and experience applicable to this training program
 - What training as an art therapist would offer you personally and professionally.
 5. \$50.00 Application fee. yes/no
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