

Vancouver Art Therapy Institute

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

15 Month Fulltime Diploma Application

Name _____ Date of Birth _____

Address _____ Postal Code _____

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

Education

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

Emergency Contact

Name _____ Relationship _____

Address and Phone Number _____

Application materials include:

check list

- | | | |
|----|---|--------|
| 1. | Transcripts verifying degrees sent directly from the university . | yes/no |
| 2. | 3 Letters of Reference from educational and/or employment settings. | yes/no |
| 3. | Personal Autobiography emphasizing early life experiences. | yes/no |
| 4. | A statement explaining <ul style="list-style-type: none">• 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 | yes/no |
| 5. | A portfolio of 10 -15 personal art images. Portfolio may be submitted on a CD or in print | yes/no |
| 6. | Transcripts from a college or university verifying completion of Human Development and Abnormal Psychology or equivalent. If applicable, explain intentions for completion of theses required psychology courses. Proof of completion of these courses at college or university level must be provided prior to graduation. | yes/no |
| 6. | \$50.00 Application fee. | yes/no |
| 7. | This form. | yes/no |
-