

15-MONTH PROGRAM APPLICATION FORM

Name _____ Date of Birth _____

Address _____

Postal Code _____ Phone: (_____) _____ Email: _____

EDUCATION

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

_____ Phone _____

APPLICATION MATERIAL

- | | | | |
|----|--|-----|----|
| 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
(1-3 pages double-spaced) | 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 copy of your current CV or Resume | yes | no |
| 6. | 10-12 images of your artwork/creativity
To be submitted electronically (via email or usb), or in print | yes | no |
| 7. | Checklist of courses completed (acceptance to the program is not dependent on courses completed):
a. Abnormal Psychology b. Developmental Psychology c. Counselling Skills | | |
| 8. | \$75.00 Application fee | yes | no |
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