

ADVANCED DIPLOMA APPLICATION FORM

Name _____ Date of Birth _____

Address _____

Postal Code _____ Phone (_____) _____ Email _____

EDUCATION

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

_____ Phone _____

APPLICATON 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 (Submitted electronically or in print) | yes | no |
| 7. | \$75.00 Application fee
(an email-transfer can be made to VATIbookkeeping@gmail.com) | yes | no |

Please indicate your preference for a start-date; Spring: _____ Summer: _____

** If accepted, every effort will be made to accommodate your start-date preference. However, if that cohort is full, would you be willing or able to join the other cohort?*

yes no