

DIPLOMA APPLICATION FORM

Name:				
Date of Birth:				
Address:		Postal Co	ode:	
Phone:	Email:			
EDUCATION				
University:	Degree:	Date:		
University:	Degree:	Date:		
EMERGENCY CONTACT				
Name:	Relationship:			
Address:		Phone:		
APPLICATON MATERIALS				
1. Transcripts verifying degrees sent directly from the	university		yes	no
2. If applicable, English language proficiency results			TOEFL I	ELTS
3. Three letters of reference from educational and/or employment situation			yes	no
4. Personal autobiography emphasizing early life experiences (1-3 pages double-space		ed)	yes	no
 A statement explaining: Your current working situation. Your skills and experience applicable to this train What training as an art therapist would offer you 	<u> </u>		yes 🗌	no
6. A copy of your current CV or Resume			yes	no
7. 10-12 images of your artwork/creativity (submitted electronically or in print)			yes	no
 8. 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 (an email-transfer can be ma	ide to vatipayment@vati.bc.ca)	yes	s no	