

# Expressive Arts Therapy Application Form

Full Name: \_\_\_\_\_  
First Middle Last

Permanent Address: \_\_\_\_\_

City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth (Month, Day, Year): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICATION CHECKLIST

1. Personal Autobiography (*1-3 pages double-spaced*)
  - A brief autobiography describing your background, interests and events which have shaped your life and brought you to apply to expressive arts therapy training.
  - Describe your current personal/professional goals and how you would like to apply the training.
2. A copy of your current CV or Resume
3. 1 Written Reference (academic, professional or long-term personal reference)
4. Bachelor's Degree – unofficial proof of bachelor's degree.
  - Official transcripts of bachelor's degree will be required upon acceptance into the program.
5. \$100.00 Application fee (non-refundable)
  - E-transfer payments can be sent to: [vatipayment@vati.bc.ca](mailto:vatipayment@vati.bc.ca) ; please send the password you use to the same email.
6. English Proficiency – Language Proficiency Assessment as required.

Please email application to: Sabette Thompson: [sabette@vati.bc.ca](mailto:sabette@vati.bc.ca)