

ART THERAPY PROGRAM APPLICATION FORM



Please Check the program you are applying for:

Advanced Diploma (Distance) Program ☐ 18-Month Diploma (Onsite) Program ☐

Name: _____ Date of Birth: _____

Address: _____

Postal Code: _____ Phone: _____ Email: _____

EDUCATION

University _____ Degree _____ Date _____

University _____ Degree _____ Date _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____ Email _____

APPLICATION CHECKLIST

Y N

1. Transcripts verifying degrees sent directly from the university
2. 3 Letters of Reference from educational and/or employment Situation
3. Personal Autobiography emphasizing early life experiences *(1-3 pages double-spaced)*
4. A statement explaining:
 - 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?
5. A copy of your current CV or Resume
6. 10-12 images of your artwork/creativity (Submitted electronically or in print)
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 *(an email-transfer can be made to VATIpayout@vati.bc.ca)*