

# 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***

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 [VATIpayment@vati.bc.ca](mailto:VATIpayment@vati.bc.ca))*

Y N