

VANCOUVER ART THERAPY INSTITUTE 291 E. 2nd Ave. Vancouver, BC V5T 1B8

phone: (604) 681-8284 email: info@vati.bc.ca

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 MATERIALS				
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-space		ed)	yes 🗌	no 🗌
4. A statement explaining:			yes 🗌	no 🗌
Your current working situation.				
Your skills and experience applicable to this train What training as an art therapist would offer you	01 0			
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. Checklist of courses completed (acceptance to the program is not dependent on courses completed)				
a) Abnormal Psychology \square b) Developmental Ps	ychology \square c) Counselling Skills	s 🗌		
8. \$75.00 Application fee (an email-transfer can be ma	de to vatipayment@vati.bc.ca)	yes	no 🗌	