

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

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

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	e university		yes 🗌	no 🗌
2. If applicable, English language proficiency results		-	TOEFL IE	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-spac		ced)	yes 🗌	no 🗌
5. A statement explaining: Your current working situation. Your skills and experience applicable to this trai What training as an art therapist would offer yo	01 0		yes 🗌	no 🗌
6. A copy of your current CV or Resume			yes	no 🗌
7. 10-12 images of your artwork/creativity (submitted	d electronically or in print)		yes	no 🗌
8. Checklist of courses completed (acceptance to the	program is not dependent on co	urses comp	oleted)	
a) Abnormal Psychology \Box b) Developmental P	Psychology \square c) Counselling Skill	S		
8. \$75.00 Application fee (an email-transfer can be m	ade to vatipayment@vati.bc.ca)	yes	□ no □	