

EXPRESSIVE ARTS THERAPY APPLICATION FORM VATI APPLICATION AND REGISTRATION FORM

Name:

Permanent Street Address:

City:

Province:

Postal Code:

Date of Birth (Month, Day, Year):

Home Phone:

Cell Phone:

Email:

EMERGENCY CONTACT

Name:

Relationship:

Email:

Phone:

APPLICATION MATERIALS

Please submit the following (3 pages total):

1. A brief autobiography describing your background, interests and events which have shaped your life and brought you to apply to expressive arts therapy training.
2. Describe your current personal and professional goals.
3. How you would like to apply the training to your personal and professional life.

Please email application to both email addresses below:

Heather Dawson at heatherdawson@vati.bc.ca

Sabette Thompson at sabette@vati.bc.ca

Subject line: VATI APPLICATION AND REGISTRATION FORM