

# APPLICATION AND REGISTRATION FORM

(Please print clearly)

Full Name \_\_\_\_\_  
**First** **Middle** **Last**

Permanent Address \_\_\_\_\_

City/ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Please submit the following: (max 5 pages)

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

Please mail to:

Vancouver Expressive Arts  
c/o Heather Dawson  
#5, 1465 Lamey's Mill Rd  
V6H 3W1, Vancouver B.C.