

## 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 email to:

Heather Dawson at

heatherelizabethdawson@gmail.com