# FOUNDATION COURSE IN ART THERAPY

**ART THERAPY NORTHERN PROGRAMME**

APPLICATION FORM 2020

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| **Name:** | **Mr/Mrs/Ms/Other:****Date of Birth:** |
| **Home Address:** | **Contact Number:** |
| **Work Address:** | **Contact Number:** |
| **Email Address:** |
| **Please give details of work or other experience you think is relevant (e.g. career, voluntary work):** |
| **Qualifications you feel are relevant:** |

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| **Why do you want to do the Foundation Course in Art Therapy?***Continue on additional sheet if required* |
| **How will you be funded?****Self: Yes / No****Employer: Yes / No. If yes and if offered a place on the course, you will need to provide full details and a purchase number to secure you place.**  |
| **Please ENCLOSE one reference from someone who knows you in a relevant capacity (in addition, please name them below and supply their contact details):****Referee one:**Please note: we will not be requesting references so ask that you include them with your completed application. |
| **Please indicate where you heard of the Foundation Course in Art Therapy:** |
| **Please return application form and short essay by post to the following address, ensuring the correct postage is paid:**Foundation Course in Art Therapy Art Therapy Northern Programme Netherthorpe House101 Netherthorpe RoadSheffield S3 7EZ |

 **All sections of the application form completed:** **[ ]** Please tick

 **500 word essay enclosed:** [ ]  Please tick

 **Reference enclosed:** [ ]  Please tick