# FOUNDATION COURSE IN ART THERAPY

**ART THERAPY NORTHERN PROGRAMME**

APPLICATION FORM 2020

|  |  |
| --- | --- |
| **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:** | |

|  |
| --- |
| **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 House  101 Netherthorpe Road  Sheffield S3 7EZ |

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

**500 word essay enclosed:**  Please tick

**Reference enclosed:**  Please tick