DANCE/MOVEMENT

POETRY

3-Yr TRAINING PROGRAM IN EXPRESSIVE ARTS THERAPY

**THEATRE** 

**MUSIC** 

**VISUAL ART** 

The CREATE Institute P.O. Box#31046, 725 College St., Toronto, ON Canada M6G 1C0 www.thecreateinstitute.org T: (416) 539-9728 E: admin@thecreateinstitute.org

Dear Applicant,

Thank you for your interest in The Create Institute Training Program in Expressive Arts Therapy.

To apply for admission, please complete and return this application by email to admin@thecreateinstitute.org or by express post with the required attachments; reference letters, copy of your latest post secondary education transcript and \$100.00 CAD application fee. Reference letters may also be emailed directly to the office. Please note that application packages will not be processed until all the required information and documents are received.

This is an ongoing application process, in which we interview applicants on a first-come-first-served basis, from February to May, until we have filled the first year class with suitable candidates. **The deadline for applications is May 15**. Applications will only be considered after that time if space is available. Candidates who meet the formal requirements for the program will be given two separate interviews by faculty members. All interviews are conducted online.

Successful candidates will be notified by email following the second interview and given two weeks to send a written letter of acceptance along with a processing fee of \$500.00. Please note that the \$500.00 processing fee will be deducted from the total amount of tuition fees as your first installment. Upon confirmation of acceptance, a place will be held for the candidate to begin the program in September.

Tuition fees are tax deductible. The costs of individual therapy, books on the core reading list, and a yearly materials fee are separate from tuition costs and may be tax deductible. The Create Institute does not currently have a scholarship or bursary program for entering students.

The Create Institute website www.thecreateinstitute.org current useful information has and for prospective students. Our office and studio are not open to the public, unless we are hosting public lectures/events and information sessions. Please call the office at (416) 539-9728 on Monday, Tuesday or Thursday between 10:30 AM and 5:30 PM, if you require more information about the program, financial assistance or would like a referral from our list of approved expressive arts therapists in private practice.

Sincerely Yours,

Pamela Rosales Administrative Director and Financial Aid Officer

Application for	r Admission to	The Creat	e Institute		
Name:					
Date of Birth: / / DD MM YEAR	_ Gender:	, , ,	ender as ∏Fema	<del></del>	
Address:					
Telephone: (H)	(C)		_(W)		
Email:					
How did yo	u hear about The	Create Inst	itute?		
☐ A Friend:	☐ Internet:		☐ Social Service Agency:		
Advertising: (where?)		Other:_			
	a separate sheet i r experience unfer				
1.) Educational Background  Please include a copy of your latest transcript and the highest certificate or diploma achieved.		☐ Attached			
2.) Work Experience				☐ Attached	
3.) Volunteer and/or Community Experience			☐ Attached		
4.) Therapy Experience (individual and/or group)			☐ Attached		
5.) Artistic Experience Please do not include slides or artwork, you may bring these to the interview(s) if you wish.				☐ Attached	

## 6.) Personal Readiness

Please attach a 3-page personal essay in which you describe the events which have artistically and emotionally shaped your life and brought you to The Create Institute at this time. Include an assessment of your personal and financial readiness to undertake this training, your experience of therapy and your understanding of group process and experiential learning. Outline your expectations of the programme - what you hope to gain as well as what you have to offer.

Because this is a therapy training programme, we would like to learn as much about you as we can before your interview. Please share as much personal information as you feel comfortable.

## 7.) Reference Letters

In order to begin the interview process we require three letters of reference. These letters should be from individuals who have known you over a period of time and are able to comment on your personal and professional readiness for this training (e.g. working professionals, colleagues, your therapist). One of the letters must be from a current or former employer.

Please list the names, addresses and contact numbers of your references:

1.)	Name and Title: Address: Phone:	
2.)	Name and Title:Address:Phone:	
3.)	Name and Title:  Address:  Phone:	
Checklist: Your application will be processed after the following documents have been received.  \$100 CND Application fee  Completed Application (with all attachments, including CV)  Essay of Personal Readiness (3 Pages)  Three Reference Letters (Referees can send letters directly to admin@thecreateinstitute.org)  Please email all materials in PDF format to admin@thecreateinstitute.org or mail hardcopies to:  The Create Institute  Attn: Pamela Rosales  P.O. Box#31046, 725 College St., Toronto, Ontario, Canada, M6G 4A7  T: (416) 539-9728  E: admin@thecreateinstitute.org		
	cation of Information:  y that all statements on this application and within the attachments are correct and complete.	
Signat	ure: Date:	