

**ADMISSIONS FORM
Prior Learning Assessment & Recognition (PLAR)**

Last Name:

First Name:

Address:

City:

Prov.:

Postal Code:

Phone:

E-mail:

Date of Birth (dd/mm/yr) :

I identify my gender as: Female Male _____

First language spoken:

Do you read, write and converse in English? Read Write Speak

1. Prior Psychotherapy & Related Experience:

I. Personal Therapy:

a) Have you been in therapy before? Yes No

b) How long have you been in personal therapy? Years: _____ Approx/hrs: _____

c) Who was / is your therapist? Name: _____

II. Group Therapy:

a) Have you been in group therapy before? Yes No

b) How long have you been in group therapy? Years: _____ Approx/hrs: _____

c) Who was the facilitator? Name: _____

8. Artistic projects and productions (exhibitions, community art projects, etc.)

Year(s)	Description of projects:

9. Additional academics tests and scores of relevance (English language scores such as TOEFL, and academic scores such as SAT, GPA). –*International Students*

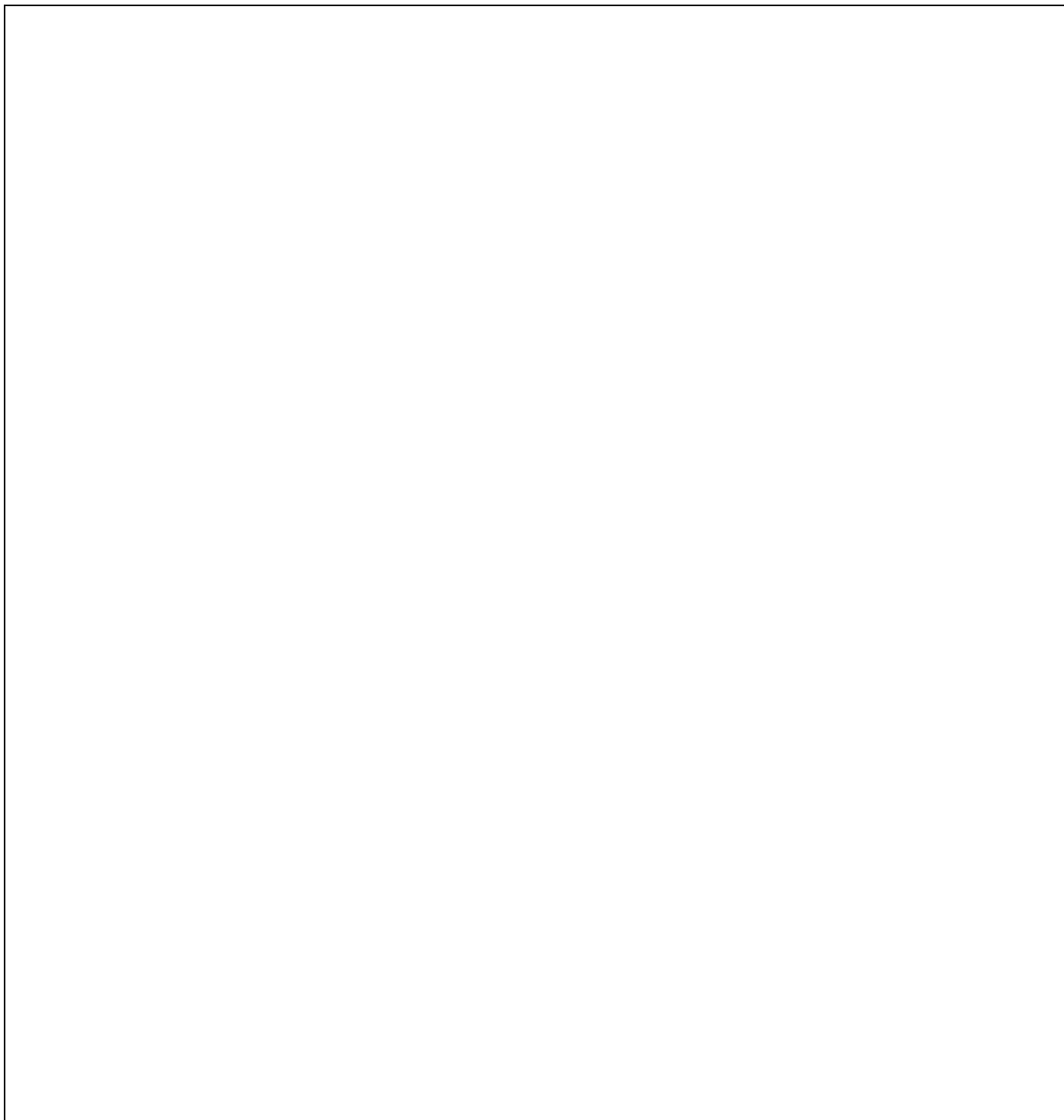
Years(s)	Title of test(s)/Score(s)	Grade Attained

10. Assess your ability to Read, Write and Speak in English

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11. Background Information About You

Essay or Personal/Professional Readiness: (relevant to being educated as an expressive arts therapist)

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above. The box occupies most of the page below the text.

12. Please write a short autobiography approximately 2 or 3 pages: (attach)

A large, empty rectangular box with a thin black border, occupying most of the page below the instruction. It is intended for the student to write their short autobiography.

13. Please provide three references in the following areas: personal, professional (work or volunteer experience), or any involvement related to helping professions. Fill out the details below and ensure your references complete the attached Reference Form included at the end of this application. Kindly request them to submit their letters and form via email to admin@thecreateinstitute.org.

Name:	Phone Number:	Email:

14. Application Fee: \$150.00

Method of payment:

- E-Transfer to admin@thecreateinstitute.org:
- Cheque/moneyorder/bankdraft (*Please make cheque payable to The Create Institute*)

The Create Institute will assess the Prior Learning Assessment and Recognition (PLAR) of individuals to determine whether their educational background meets the criteria for acceptance as candidates equivalent to those with a Bachelor's degree. If deemed eligible, they will be invited for interviews using the same process as candidates holding Bachelor's degrees. In the event that the PLAR indicates they do not meet the criteria for Bachelor's degree equivalency, a \$50.00 fee will be applied for the PLAR review, and \$100 of their application fee will be reimbursed.

Please send all materials to admin@thecreateinstitute.org

OR

The Create Institute
 Attn: Pamela Rosales
 P.O. Box# 31046, 725 College St., Toronto, Ontario, Canada, M6G 4A7

ATTACH RELEVANT VERIFICATION DOCUMENTS
 (Degrees, Professional/Regulation license, test scores, CV, etc.)
**We will accept scanned versions of these documents*

Certification of Information:

I certify that all information provided on this application and its related attachments is true, accurate, and complete to the best of my knowledge. I understand that any false statements may result in the rejection of my application.

Signature: _____ Date: _____

Reference Form:

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.

1. How long have you known the candidate?

2. What is the nature of your relationship?

3. Please describe your association with the candidate and the extent of your knowledge of his/her character and work as it pertains to the practice of Expressive Arts Therapists/Psychotherapist. How would you describe the candidate's character, work ethic, and skills that are relevant to the profession of counseling/psychotherapy?

4. Would you describe the candidate as responsible/reliable?

5. Would you recommend this person to the field of Expressive Arts Therapists/Psychotherapist? Why or why not.

6. Do you have any reservations about this candidate regarding her/his suitability as a psychotherapist?
 Yes No Please explain if Yes:

7. What would be some challenges for this candidate in training to become an Expressive Arts Therapists/Psychotherapist?

8. Is there anything else that you would like to add or that you think we should know in considering this person for our program?

Name:

Signature: