

Courses Facilitated at: **1a Village Green, Tallaght, Dublin 24. D24 EP94**



086 2432930

Dublin Art Therapy Studio & College

email: jean@datc.ie

Application Form:

Professional Certificate in Art Therapy Skills

10 Weekends -120 hours CPD (IACP Accredited)

Date Programme Commences: _____

Name: _____

Address: _____

Date of Birth: _____ **Phone:** _____

Email Address: _____

Please attach:

- Evidence of psychotherapeutic training to Level 7 or Level 8.
- Evidence of Professional Clinical Accreditation.
- Evidence of Counselling Skills (*must be completed prior to commencement*).
- Evidence of Personal Therapy

Please Outline below why you wish to participate on this programme:

Signature: _____ Date: _____

To secure a place on the **Professional Certificate in Art Therapy Skills** programme please email the following:

1. Completed and Signed Application Form
2. Evidence of training
3. Evidence of Professional Accreditation

to: jean@datc.ie and request Bank Transfer Details for a non-refundable application fee payment of €500.00.

Please review the Overview of the programme for dates.

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