



Coláiste Ealaíne agus Deartha Crawford  
Crawford College of Art & Design

## 1. Personal Details

Title: Dr/Ms/Mrs/Mr/Miss \_\_\_\_\_

Surname \_\_\_\_\_

First  
names \_\_\_\_\_

Correspondence address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. (including local area code)  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Fax No. and/or E.Mail address

\_\_\_\_\_

Mobile \_\_\_\_\_

Home address (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. (including local area code)

Daytime \_\_\_\_\_ Evening \_\_\_\_\_

\_\_\_\_\_

Fax No. and/or E.Mail address

Sex: \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of birth \_\_\_\_\_

# MA in ART THERAPY

## Application Form

Proposed Year of entry: Sept \_\_\_\_\_

**Part time/ Full time \***  
**\*Please indicate which option you wish study**

*Please affix  
Passport size  
photo here*

*Please affix  
Passport size  
photo here*

Country of birth

\_\_\_\_\_

Nationality

\_\_\_\_\_

## 2. Disability/special needs

Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at CCAD or may require special facilities or treatment. (See notes for guidance)

Appropriate Code

\_\_\_\_\_

Please provide full details in Section 11.

## 3. Payment of Tuition Fees

Who will be responsible for paying your fees?  
(Self, family member, employer, Local Authority,  
Research Council, other). Please specify

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\_\_\_\_\_

**4. Personal Therapy Experience:**

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**5. Medical History**

Have you a history of any physical or mental health issues? Have you been hospitalised for this condition? Are you on medication for this condition?

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**6. Art Therapy Experience**

Please list details of workshops/ lectures you have participated in:

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**7. Last two education establishments attended**

Name and address of the two most recent educational establishments attended.

	From		To		FT or PT
	Month	Year	Month	Year	

## 8. Academic Details:

Applicants should list all subjects taken, whatever the result, in chronological order. If you are waiting the result of any examination recently undertaken write PENDING in the result column. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.

		Date			
2 <sup>nd</sup> Level, 3 <sup>rd</sup> Level, Degree or professional qualifications	Subject	Month	Year	Place of study	Results (grades or bands)

**9. Employment Details:**

Give details of employment and professional experience. Please account for all years.  
Continue on a separate sheet if necessary.

			From		To	
Job Title Nature of work/training	Name of organisation	Full-time or part- time	Month	Year	Month	Year

## 10. Clinical Experience

Applicants to the MA in Art Therapy must have completed at least one year of full-time or the equivalent in part-time employment in a clinical setting.

This may include special education or youth and community work, for example, as well as work in general Health Care settings.

Setting(s)/type of client(s)/post held/level of responsibility	Dates from:	Dates to:	FT/PT	Hrs/days per week

## **11. Personal Statement about your wish to train as an Art Therapist.**

Within this statement please indicate your experiences that have led you to your decision to train as a therapist e.g. personal therapy experiences, mental health and family experiences etc. Please consider the support structures that you have and will need during the training.

**11 Continued.**

**12. Please include a short hand written piece on the topic:**

**‘What is Art Therapy?’**

Please refer to art therapy literature, your own experience of Art Therapy and your own art making experience in relation to your understanding of Art Therapy at this point. If you have attended the Certificate in Principles of Art Therapy course and have completed the theory modules, do not complete this section but please include a copy of the feedback and the mark you received for the Theory Essay.







**13. Physical or other disability which might necessitate special arrangements or facilities**

(Please consult Note for Guidance before completing this section.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**14. Name and address of referee(s)**

1.		2.	
Tel No	Fax No	Tel No	Fax No

**15. Declaration:**

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what they say, and I agree to abide by the conditions set out there, which I accept as conditions of this application.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**16. Closing Date for Applications:**

When completed, please return this form by;

**30th April**

**MA Art Therapy Admissions  
Crawford College of Art & Design  
Sharman Crawford Street  
Cork City**

Telephone: +021-4335246  
Fax: +021-4962267

Please include up to six slides or photographs showing a small representative **selection of your own artwork** in any medium with this application form. <sup>3</sup>