



## GRADUATE LEVEL DIPLOMA IN ART THERAPY

### Applicant Reference Form

**Applicant Name:** \_\_\_\_\_

**Reference Type:**

- Professional/academic: Can comment on applicant's suitability for art therapy training and practice from the perspective of a supervisory role in relation to applicant
- Character: Can comment on applicant's suitability for art therapy training and practice, but cannot be a family member or close friend

**Reference Information:**

First and Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Academic Affiliation / Company / Organization: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please provide a reference statement on the next page.

**Reference statement** (up to 500 words):

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for your time in providing a reference for the applicant!*