

Vancouver Vocal Psychotherapy Institute Advanced certificate program application

Please copy and paste this application form, and email the completed application form and your c-v to Susan Summers at: susumm@telus.net. Use as much space for each question as you need.

- 1. Name:** **Credentials:**
- 2. Address:**
- 3. Phone number:**
- 4. Email:**
Skype address:
ooVoo address:
- 5. Please describe your use of and interest in voice and vocal improvisation in your clinical work.**
- 6. Please comment here if you have worked with Diane before, either in one of her workshops, or in a 1:1 with her, and include when.**
- 7. Is there anything else you'd like us to know that is relevant to your application for the Vocal Psychotherapy training?**

Please include a cheque or money order for the \$200 deposit with this application, payable to Susan Summers and mailed to: 608 East 16th Avenue, Vancouver, BC V5T 2V4. Please email a photo of yourself to Susan (this is for Diane's reference, so that she will know who you are when she is reading your information)

Thank you for your interest in the Vancouver Vocal Psychotherapy training. Upon receipt of your application and deposit, we will set up an interview time.

For office use only:	
Date application received:	
Deposit received:	Deposited:
Interview date and time:	