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**HPCSA Reg. No: OTE 0000426**

**Please fill in your details below:**

*Note: All information in this application form will be treated confidentially.  
Bookings are confirmed as soon as deposit or payment is received together with this booking form.*

Today's Date

Name of Workshop (s):

Workshop Dates:

Workshop FEE:

R

Surname:

(Mr. / Mrs. /Miss / Ms)

First Name:

Date of Birth:

Medical Aid Name:

Medical Aid Number:

Physical Address:

Postal Address:

Home Tel:

Work Tel:

Cell:

Email:

How did you hear about  
this course?

Educational  
Background /  
Profession /  
Work Experience


Have you ever attended any form of art therapy before?

yes

no

If yes, with whom and for  
how long?


Why would you like to  
participate in this  
workshop / course?


Any other additional  
information you might  
want to include?
