



**HORTICULTURAL THERAPY APPLICATION FORM**

**At The HORTICULTURE CENTRE OF THE PACIFIC**

505 Quayle Rd., Victoria, BC V9E 2J7

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All information is confidential and will not be released to any outside agency.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Educational Background:

Name and location (City, Province) of the last Secondary School attended:

\_\_\_\_\_

Date Last Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Name and location (City, Province) of the Post Secondary Institutions Attended

1. \_\_\_\_\_

Dates Attended \_\_\_\_\_ Program or Course \_\_\_\_\_

2. \_\_\_\_\_

Dates Attended \_\_\_\_\_ Program or Course \_\_\_\_\_

3. \_\_\_\_\_

Dates Attended \_\_\_\_\_ Program or Course \_\_\_\_\_

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