



WESTERN COLLEGE MESSAGE THERAPY

Application for Massage Therapy Program 2019-2020 (*Deadline: August 15th, 2019*)

I am Applying for the; Full Time Program Distance Education Program Accelerated Program

Please complete the following in your own handwriting and submit to the College by mail, fax, or in person.
A non- refundable registration fee of \$175.00 must accompany this application,
made payable to: The Western College of Remedial Massage Therapies Inc (WCRMT).

Please check off your registration payment: Cheque Master Card Visa Other _____
Credit card payments can be made in person or via telephone (306-757-2242).

PERSONAL INFORMATION Please Print. Use full, legal name.

Family Name:
First Name:
Middle Name(s):
Previous or Other Names (Surname):
Date of Birth (MM/DD/YY):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain

MAILING ADDRESS

Mailing Address:
City or Town:
Province:
Postal Code: Country:
Home Phone: Cell Phone:
Email Address (<i>required</i>):

PREVIOUS EDUCATION

Please list all high school and post-secondary education below (**including training in alternative therapies**). Attach a copy of your high school transcripts and any post-secondary transcripts.

Instruction	Dates Attended	Program Name	Date of Grad (if applicable)

VOLUNTEER HISTORY

Organization	Dates of Service	Position Held

CPR/FIRST AID CERTIFICATE (not a prerequisite to apply)

Do you hold a valid Level 'C' CPR and First Aid Certificate? Yes No
If yes, please attach a photocopy of your certificate/card. **If no, this may be offered in the first month of the first year of the program or taken elsewhere.**

EMPLOYMENT HISTORY & CRIMINAL RECORD CHECK

Please attach a copy of your current resume and Vulnerable Sector Criminal Record Check (**prerequisite to apply**).

FINANCIAL INFORMATION

How do you plan to finance your tuition? (Check all that apply)

Student Loan E.I. Self Other _____

Do you have an outstanding Student Loan or Line of Credit? Yes No If yes, please explain: _____

FEEDBACK & YOUR EXPERIENCE WITH MASSAGE THERAPY

Have you ever received a professional massage? Yes No - If no, we suggest you do so prior to interview

Do you know anyone in the massage field? Yes No If yes, whom? _____

Have you attended a Western information Session? Yes No

Have you received and read our program overview? Yes No

Did our program overview adequately answer your questions? Yes No

Have you visited our website? www.westerncollege.ca Yes No

Have you researched any other Massage Therapy Training Programs? Yes No

* Massage Therapy is a physically demanding form of work. Do you have any physical conditions that may affect your ability to perform massage? Yes No

If yes, please explain: _____

ESSAY

Please attach a brief essay **in your own handwriting** that answers the following questions:

1. Why have you chosen to study Massage Therapy?
2. What steps have you taken to become informed about the Massage Therapy Industry?
3. What personal qualities, abilities or characteristics do you feel you possess that would make you a good massage therapist?
4. What are your plans upon completing the course and receiving your diploma?

NOTICE and DECLARATION


Privacy Statement: The personal information identified herein, is used solely by The Western College for the purpose of admission and registration. This information will be used for accounting and correspondence purposes. All information is collected under the guidance and protection of the Saskatchewan Freedom of Information and Protection Privacy Act. If you have any questions about the collection and use of information, or wish to be removed from our database please contact the Western College at 306-757-2242.

If your application meets the College's requirements you will be contacted via **email** or telephone to set up an interview appointment. The required interview is primarily an opportunity to meet with you and answer any questions you or the College might have.

I, _____ declare that the information I have provided in this application to the WCRMT is accurate and complete to the best of my knowledge.

Applicant Signature _____

Date _____

 **CHECKLIST: Before you submit your application, please check that you have included all of the following:**

- | | | |
|---|---|--|
| <input type="checkbox"/> High School transcript | <input type="checkbox"/> Post-Secondary transcripts | <input type="checkbox"/> Employment Resume |
| <input type="checkbox"/> Handwritten Essay | <input type="checkbox"/> Completed application form | <input type="checkbox"/> Vulnerable Sector Criminal Record Check |

Mail, drop off or fax to: 832 McCarthy Boulevard, Regina, Saskatchewan S4T 6S7 Phone - 306 757-2242 Fax - 306 757-6858

Office Use Only:

Date application received: _____ Receipt #: _____ Date of Interview: _____

Accepted Not Accepted Holding

Notification of interview outcome sent: _____ Applicant Response following notification: _____

Late applicants are subject to contract adjustments upon acceptance