



WESTERN COLLEGE  
 MASSAGE THERAPY

**Application for Massage Therapy Program 2021-2022 (\*Deadline: August 31, 2021\*)**

I am Applying for the;  Full Time (FT) Program  Distance Education (DE) 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 Debit 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- Print Clearly</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/or** 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 (\*Prerequisite\*)**

Do you hold a valid Level 'C' CPR and First Aid Certificate?  Yes  No  
 If yes, please attach a photocopy of your certificate/card.

**EMPLOYMENT HISTORY & CRIMINAL RECORD CHECK (\*Prerequisite\*).**

Attach a copy of your current resume and Vulnerable Sector Criminal Record Check.

## 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**
- Do you know anyone in the massage field?  Yes  No **If yes, whom?** \_\_\_\_\_
- Have you attended a WCRMT information Session?  Yes  No **If No, we recommend that you attend one.**
- 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](http://www.westerncollege.ca)  Yes  No
- Have you researched any other Massage Therapy Training Programs?  Yes  No
- Do you have any tested/documented learning disabilities?  Yes  No **If yes, documentation must be attached.**
- \* 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 may be contacted via email or telephone to set up an interview appointment. The 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 | and/or | <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, email, drop off or fax to: 832 McCarthy Boulevard, Regina, Saskatchewan S4T 6S7**  
**Email: [information@westerncollege.ca](mailto:information@westerncollege.ca) Phone - 306 757-2242 Fax - 306 757-6858**

## Office Use Only:

Date application received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Interview (if required): \_\_\_\_\_

Accepted  Not Accepted  Holding

Notification of interview outcome sent: \_\_\_\_\_ Applicant Response following notification: \_\_\_\_\_

\*Late applicants are subject to contract adjustments upon acceptance\*