

435 Berry Street; Winnipeg, MB; R3J 1N6



Wellington
COLLEGE

Phone 1.204.957.2402
Toll free 1.888.957.2402
Fax 1.204.957.1578
E-mail info@wellingtoncollege.com
Website www.wellingtoncollege.com

Please complete the following in your own handwriting and submit to the College by mail, fax, or in person.

CONTACT INFORMATION

First Name _____

Last Name _____

Street Address _____

City _____ Prov _____ Postal Code _____

Permanent Address
(if different from above) _____

City _____ Prov _____ Postal Code _____

Birth date DD / MM / YYYY

Phone 1 _____

Phone 2 _____

E-mail address _____

I am applying for: Full time studies ? Distance Education ?

PREVIOUS EDUCATION

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

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

VOLUNTEER HISTORY

Organization	Dates of Service	Position Held

EMPLOYMENT HISTORY

Please attach a copy of your current resume.

FINANCIAL INFORMATION

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

Student Loan ? MMF ? Vocational Rehab ? E.I. ? Self ? Other ? _____

FEEDBACK & YOUR EXPERIENCE OF MASSAGE THERAPY

Have you ever received a professional massage?	Yes ?	No ?
Do you know anyone in the massage field?	Yes ?	No ?
Have you attended a Wellington Open House night?	Yes ?	No ?
Have you received and read our information package?	Yes ?	No ?
Did our information package adequately answer your questions?	Yes ?	No ?
Have you visited our website? www.wellingtoncollege.com	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 condition that may have an effect on your ability to perform massage?

Yes ? No ?

If yes, please explain:

How did you hear about Wellington College? _____

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. Why have you chosen Wellington College?
3. Why do you feel that you should be accepted by Wellington College?
4. What do you plan to do with your education as a Massage Therapist?

If your application meets the College's requirements you will be contacted to set up an interview appointment. The required interview is primarily an opportunity to meet with you and answer any questions you might have and for you to view our facility. However you are more than welcome to drop by the college at any time for a tour. Notification of acceptance or refusal will be forwarded by mail following your interview.

I, _____ have completed that application to the best of my ability and I declare that all information is true to the best of my knowledge.

Signature: _____ Date: _____

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

- ? High School transcript or diploma
- ? Post Secondary transcripts (if applicable)
- ? Employment Resume
- ? Handwritten essay
- ? Completed application form