



# 2012-2013 Application for Massage Therapy Program

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

## PERSONAL INFORMATION Please Print. Use full, legal name.

Family Name
First Name
Middle Name(s)
Previous or Other Names (Surnames)
Date of Birth (MM/DD/YY)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

## MAILING ADDRESS

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

**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

## CPR/ FIRST AID CERTIFICATION

Do you hold a valid CPR and First Aid Certificate?       Yes     No  
 If Yes, please attach a photocopy of your certificate.

## 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 WITH 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 Information Session?  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](http://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?

If yes, please explain:

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How did you hear about Wellington College? *Check all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Alumni                                  | <input type="checkbox"/> Another Massage Therapy College |
| <input type="checkbox"/> Current Student                         | <input type="checkbox"/> Outside Sign                    |
| <input type="checkbox"/> Internet                                | <input type="checkbox"/> Print Advertisement             |
| <input type="checkbox"/> Massage Therapist                       | <input type="checkbox"/> Staff Member                    |
| <input type="checkbox"/> Massage Therapy Association of Manitoba | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> National Health Practitioners of Canada |  |

## 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?

## NOTICE and DECLARATION

Privacy Statement: The personal information identified herein, is used solely by Wellington College for the purposes of admission and registration. If you are accepted into the program this information may also be used for accounting and correspondence purposes. All information is collected under the guidance and protection of the Manitoba Freedom of Information and Protection Privacy Act (FIPPA). If you have any questions about the collection and use of information please contact Wellington College at (204) 957-2402.

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 of Applicant

\_\_\_\_\_  
Date



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

- |  |   |
|--|---|
| <input type="checkbox"/> High School transcript or diploma | <input type="checkbox"/> Post-Secondary transcripts (if applicable) |
| <input type="checkbox"/> Employment Resume                 | <input type="checkbox"/> Handwritten essay                          |
| <input type="checkbox"/> Completed application form        |   |