

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you know anyone in the massage field?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you attended a Wellington College Information Session?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you received and read our information package?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did our information package adequately answer your questions?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you visited our website? <a href="http://www.wellingtoncollege.com">www.wellingtoncollege.com</a> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you researched any other Massage Therapy Training Programs?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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