



Massage Therapy Diploma Program Application Form

PERSONAL DATA – Please complete all of the spaces below. If not applicable to you, indicate “N/A”. Do not leave blank.					
Family (Last) Name:		Given/First Name (legal):		Middle Name:	
Previous /Maiden Name (if applicable):		Email Address:			
Apt/Suite	Permanent Street Address	City	State/Province	Postal Code/Zip	Country
Telephone – Mobile:		Telephone – Home:		Telephone – Business:	
Birth Date: (year, month, day)		Gender:		First Language (must complete):	
(y)____/(m)____/(d)____		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	
Residency Status:				Date of Entry into Canada (if applicable):	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa				(year) _____ (month) _____	

EDUCATIONAL INFORMATION – Please complete all of the spaces below. If not applicable to you, indicate “N/A”.			
<p>Secondary school transcripts and transcripts for the most applicable* education in post secondary (or most recent, if none are applicable) must be mailed directly from the institution to CCMH as part of your application package. If required use a separate paper to record additional institutions. Please see Admissions Policies and Procedures pg.9 if your secondary education was not completed in Canada.</p>			
i) Post Secondary Institution #1 (most recent)	City	# of semesters in program	# of semesters completed
	Province/State/Country	Degree, Diploma or Certificate Received	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
i) Post Secondary Institution #2	City	# of semesters in program	# of semesters completed
	Province/State/Country	Degree, Diploma or Certificate Received	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
ii) Secondary Institution Name (most recent)	City	Last Grade Completed	Year of Completion
	Province	Secondary School Diploma Received	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Related Education History			
<p>Have you received a post-secondary credit in Health Sciences or Humanities?</p> <input type="checkbox"/> No – You must register below for the next available Medical Terminology & Systems online course. <input type="checkbox"/> Yes			
<p>Have you received a post-secondary credit in a course that introduces you to Massage Therapy?</p> <input type="checkbox"/> No – You must register below for the next available Introduction to Massage course. <input type="checkbox"/> Yes			
<p>Do you have post secondary education that is similar to education taught at CCMH such as health sciences, research, current CPR/First Aid certificate Level C or higher, or Accessibility for Ontarians with Disabilities training?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes - Complete and submit the Prior Learning Assessment Application and applicable supporting documents with your application package.			
<p>Do you want to self-identify as being a student with a permanent or learning disability that will require academic accommodations for your studies?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes - Complete and submit the Special Accommodations Request Form			

ENROLMENT INTENTIONS		
Which CCMH Campus are you applying to:	Which start date are you applying for:	How will you be funding your tuition?
<input type="checkbox"/> Cambridge <input type="checkbox"/> Toronto	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	<input type="checkbox"/> student loan <input type="checkbox"/> self funded <input type="checkbox"/> other
<p>Will you be registering for the Medical Terminology and Systems course? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide payment information on back</p>		<p>Will you be registering for the Introduction to Massage course? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide payment information on back</p>

* most applicable refers to education that is similar to that taught at CCMH such as health sciences and research



WHAT INFLUENCED YOU TO APPLY TO CCMH:

- CCMH Student/Alumni (please indicate name) _____
- Other Person (please indicate name) _____
- CCMH Information Session
- Radio Advertisement
- Subway Advertisement
- Bus Advertisement
- Other Advertisement _____

APPLICANT ACKNOWLEDGEMENT:

Your personal information is collected for the purpose of processing your Application for Admission; and, if your application is accepted, to establish and administer necessary records to manage and document your educational experience. If you have any questions on this collection please direct those enquiries to the Admissions Coordinator at the address and phone number on this form.

I acknowledge I have read and understand the Admissions Policies and Procedures.

Signature: _____ Date: _____

DECLARATION STATEMENT:

In submitting this application, I declare that the information in this application is correct and complete. I acknowledge my understanding that any applicant who submits documents or forms that are falsified or fraudulent, and/or who does not fully and accurately disclose the requisite information as set forth herein or in related documents, may be denied admission to CCMH and if it occurs or is discovered after admission, may be expelled from CCMH.

I further acknowledge my understanding that applicants are obligated to include attendance, past attendance and enrolment at other post-secondary institutions on the application.

Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by CCMH.

Signature: _____ Date: _____

PAYMENT

Indicate the fees that you will be paying:

- Medical Terminology and Systems course – No Charge
- Visa or Mastercard (please fill out below only if mailing)
- Cash or Debit (in person only)
- \$200.00 Application Fee
- \$200.00 Introduction to Massage course
- Money Order or Cheque

Card Number: _____ Expiry Date _____ VIN # _____

Name as it appears on card: _____ Cardholder Signature X _____

We thank you for your interest in the CCMH Massage Therapy diploma program. We look forward to reviewing your application package!



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Toronto, ON M4S 1H2
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