



## **ADMISSIONS PRE-REQUISITE CHECK LIST**

Call Admissions to confirm availability of Start Date / Deadlines							
WCCMT Application (2 Pages) with non-refundable Application Fee (\$100)							
2 Current Passport-sized Photos (used for Student ID / Student File)							
Photocopy of 2 pieces of Government Issued ID							
Medical Clearance Form							
Criminal Record Check – (see instructions on Page 3)							
Student Budget Worksheet and/or Letter of Support							
Current Resume							
Essay							
Transcript	HS		COL		UNI		
3 Reference Letters	HCP		EMP		FRIEND		
English Equivalency (for ESL and/or International Students)	ICES		TOEFL		IELTS		
Introduction to Massage Therapy Program							
Education Interview							

**Please note: Reference Letters and Transcripts must be originals**

# RMT Application Procedure & Documents

## Step 1:

To commence the admissions process:

- Submit a completed application form along with the \$100 non-refundable application fee **before** the preferred intake's **application deadline date**.

## Step 2:

A complete application will require the following documents to be completed and submitted **before** the preferred intakes **document deadline date**. Please enclose with your application, or send later at your earliest convenience, the following:

**Practical Prerequisite:** Completion of an **Introduction to Massage Therapy Program** weekend workshop. This course **MUST** be completed **BEFORE** the preferred intake's **document deadline date**. Please complete paperwork on pages 6-10 and forward to Admissions Department at least one week prior to desired Program session.

**Transcripts:** Official, sealed transcripts from all secondary and post-secondary education proving the academic prerequisite of **grade 12 high school graduation or equivalent**.

If English is not your primary language, or if you graduated High School outside of Canada or the USA, please refer to our **International and ESL Admissions Assessment Policies** for information on our full English language and International credential evaluation process.

**Reference Letters:** **Three signed original character reference letters** - Two of a professional nature (one from an employer and one from a healthcare professional) and one personal. In order for a reference letter to be valid they **MUST** be current dated, directly addressed to **"WCCMT-Admissions"**, along with their **original signature** and **contact information**. These reference letters **MUST** speak directly about their personal experiences with you and why they think those experiences would make you a suitable candidate for the RMT program. We **DO NOT** accept general reference letters or letters without signatures.

**Medical Clearance:** From a physician indicating that you are free from all **communicable diseases** and **physically and mentally capable** of undertaking the program. The doctor **MUST** specifically state these three elements otherwise the medical note is invalid. We recommend your family physician complete **WCCMT's Medical Clearance Form** to accurately ensure the college's medical clearance standards.

**Identification:** A photocopy of **two government issued ID**, one of which must be a photo ID. (Example: BCID or Driver's License **and** either a Care card, SIN card or passport).

**Resume:** A copy of your current resume.

**Financial Preparation:** A completed **WCCMT student budget worksheet**, and/or **letter of support**. If you're going to be fully funded for tuition and living expenses by your family, spouse, etc, you do not need to submit a student budget worksheet. In that case, the person **MUST** write a letter of support explaining their full financial responsibility for you and **MUST** include their signature; otherwise the letter will be invalid. If you will be taking a student loan or a student line of credit to pay for your tuition and living expenses while you are in school, you will be required to complete WCCMT's student budget worksheet

**Essay:** An essay addressing the following points:

- Why do you want to practice massage therapy?
- Discuss what has been your experience, if any, with massage therapy?
- What do you have to offer to the massage therapy profession?

The essay **MUST** be written at a college entry level and be in a proper essay format, we **DO NOT** accept “Q&A” style essays. Minimum of 300 to a maximum of 500 words. **Please note if you are applying for the Entrance Scholarship you must provide additional essays for that application.**

**2 current photograph:**      **2 - passport-sized color photograph** for your student file:  
- *Please note that this is an actual passport sized photograph. A photocopy of your current passport will not meet this requirement.*

**Criminal Record Check:** Must be done through the Ministry of Justice (in Victoria), we **DO NOT** accept criminal record reviews through any local RCMP offices. Please follow this link to complete:

<https://justice.gov.bc.ca/eCRC/>

The access code is: 9YTXES5AVK

Choose Schedule A / working with children and vulnerable adults

**Tuition Deposit: \$2,500** Tuition deposit is due at the time of Term 1 Contract Signing – approx. 8 weeks prior to the intake date. This meeting will be scheduled with Admissions.

***Required documents can be hand delivered in person, mailed, faxed to (604) 520-1831, or emailed to: [admissions@collegeofmassage.com](mailto:admissions@collegeofmassage.com)***

### **Step 3:**

Once all pre-requisites have been met and all the documents (as listed above) have been submitted, you will attend an educational interview with the Educational Department who in consideration of all documentation provided and assessment of your suitability based on the education interview will make a recommendation to the Admissions Department regarding an offer of admission into our Program of study. Admissions will contact you to coordinate this interview.



West Coast College of **MASSAGE** Therapy

# 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.**

<b>Family (Last) Name:</b>		<b>Given/First Name (legal):</b>		<b>Middle Name:</b>	
<b>Previous /Maiden Name (if applicable):</b>		<b>Email Address:</b>			
<b>Apt/Suite</b>	<b>Permanent Street Address</b>	<b>City</b>	<b>State/Province</b>	<b>Postal Code/Zip</b>	<b>Country</b>
<b>Telephone – Mobile:</b>		<b>Telephone – Home:</b>		<b>Telephone – Business:</b>	
<b>Birth Date: (month, day, year)</b>		<b>Gender:</b>		<b>First Language (must complete):</b>	
(M) _____ (D) _____ (Y) _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	
<b>Residency Status:</b>				<b>Date of Entry into Canada (if applicable):</b>	
<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”.**

An official copy of your High School diploma (D) and/or official copy of any documentation from other Canadian Provinces and/or the United States, a General Education Development certificate granted by a Canadian province and/or from the United States is also acceptable as part of your application package. Ensure to include these documents with your application form. If your secondary or post-secondary studies were outside of Canada/United States contact Admissions for more information on what the requirements are.

<b>Secondary Institution – High School (most recent)</b>	<b>Last Grade Completed</b>	<b>Have you completed a High School Diploma or equivalent?<sup>1</sup></b> <small><sup>1</sup>see Admissions Policies and Procedures</small>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Post-Secondary Institution #1 (most recent)</b>	<b>City</b>	<b># of semesters in program</b>	<b># of semesters completed</b>
<b>Name of Program</b>	<b>Province/State/Country</b>	<b>Degree, Diploma or Certificate Received</b>	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Post-Secondary Institution #2</b>	<b>City</b>	<b># of semesters in program</b>	<b># of semesters completed</b>
<b>Name of Program</b>	<b>Province/State/Country</b>	<b>Degree, Diploma or Certificate Received</b>	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

**Related Education History**

**Are you applying for a Prior Learning Assessment?**  
 No  
 Yes – If you answered yes please complete the Prior Learning Assessment Application Form (contact Admissions for further information)

**Have you completed the Introduction to Massage Therapy Program?**  
 No – If you answered no when do you expect to complete it? \_\_\_\_\_  
 Yes – If yes when did you complete it? \_\_\_\_\_

**Do you have current CPR/First Aid certificate Level C or higher?**  
 No  
 Yes

**Are you a student with a documented Psycho-Educational learning disability (assessed by a Ph.D. Psychologist)?**  
 No  
 Yes – If you answered yes please provide this documentation to the Colleges' Admissions Coordinator?

**ENROLMENT INTENTIONS**

<b>Which start date are you applying for:</b>	<b>How will you be funding your tuition?</b>	<b>Which WCCMT Campus are You applying for?</b>
<input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May	<input type="checkbox"/> Student Loan <input type="checkbox"/> Self-Funded <input type="checkbox"/> Other	<input type="checkbox"/> New West <input type="checkbox"/> Victoria

## WHAT INFLUENCED YOU TO APPLY TO WCCMT:

WCCMT Student / Faculty / Alumni (please provide name):

\_\_\_\_\_

Website/Social Media

Career Fair/School Counsellor

Other Advertising

## CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

I confirm that I am healthy, fit and able to participate in all aspects of the 20 Month Competency Based Mastery Level RMT Program. I have not suffered an injury which may, in any way, impede my ability to participate in this Program. I further confirm that, as of today's date, I do not have an open ICBC / WCB injury claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DECLARATION STATEMENT:

By submitting this application, I declare that the information in this application is correct and complete to the best of my knowledge and acknowledge that knowingly providing false or fraudulent information is grounds for immediate expulsion from WCCMT. Further, in submitting this application, I agree to be governed by the policies, rules and regulations as set forth by WCCMT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT

\$100.00 Application Fee

Visa or MasterCard

Cash or Debit (in person only)

Money Order or Cheque

Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_ VIN # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Cardholder Signature X \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### WCCMT – New Westminster

613 Columbia Street  
New Westminister, BC V3M 1A7  
P: 604-520-1844 ext. 232  
F: 604-520-1831

### WCCMT - Victoria

#100 – 818 Broughton Street  
Victoria, BC V8W 1E4  
P: 250-381-9800 ext. 227  
F: 250-381-9801

[www.collegeofmassage.com](http://www.collegeofmassage.com)



West Coast College of MASSAGE Therapy

## Introduction to Massage Therapy Program Registration

### Practical Prerequisite Program - Fee: \$300.00

This course is open to anyone interested in massage in general, as well as being the practical prerequisite for applicants to the Registered Massage Therapy Diploma Program. **PLEASE NOTE: Registration form, Contracts and Confirmation of having read and understood the Colleges Introduction to Massage Policy Manual (attached) must be received at the College no later than one (1) week prior to the commencement of the Intro Program**

### PROGRAM REQUESTED – PLEASE CIRCLE THE PROGRAM DATE YOU WISH TO ATTEND

September 23 <sup>rd</sup> – 25 <sup>th</sup> , 2016	October 21 <sup>st</sup> – 23 <sup>rd</sup> , 2016	November 18 <sup>th</sup> – 20 <sup>th</sup> , 2016	

### 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: (month, day, year)		Gender:		First Language (must complete):	
(M) _____ (D) _____ (Y) _____		<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) _____		

### PAYMENT INFORMATION NOTE: An NSF fee of \$50.00 will be charged for any returned cheque.

FOR CREDIT CARD PAYMENT ONLY: _____ MasterCard _____ Visa
NAME APPEARING ON CARD: _____
CREDIT CARD NUMBER: _____
EXPIRY DATE (month/year): _____ SIGNATURE APPEARING ON CARD: _____

### CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

I confirm that I am healthy, fit and able to participate in all aspects of the Introduction to Massage Therapy Program. I have not suffered an injury which may, in any way, impede my ability to participate in this Program. I further confirm that, as of today's date, I do not have an open ICBC/WCB injury claim.

Participant's Signature

Date

# WEST COAST COLLEGE OF MASSAGE THERAPY

## INTRODUCTION TO MASSAGE THERAPY PROGRAM

**INSTRUCTOR:** Amy Van Sickle, RMT

### **COURSE DESCRIPTION:**

This course is designed to introduce students to basic manual applications of massage therapy for general relaxation. Students will learn safe and appropriate biomechanical skills, hygiene standards, patient handling, table setup, and draping techniques as they develop their palpation and tactile skills. Students will also be introduced to the profession of Massage Therapy as it exists in BC.

### **COURSE OBJECTIVES:**

Upon completion of this course the participants will be able to:

- Define and describe basic therapeutic massage techniques i.e. palpation, effleurage, petrissage: wringing, kneading, stroking.
- Apply basic therapeutic massage techniques for general relaxation massage.
- Recognize **contraindications** to therapeutic massage.
- Utilize the basic biomechanical skills while performing therapeutic massage techniques.
- Use appropriate draping methods.
- Practice the Basic Principles of Application i.e. Superficial-Deep-Superficial.
- Describe the profession of Massage Therapy as it exists in B.C.

### **SCHEDULE:**

<b>Friday Evening:</b>	Introductions, review of printed material, demonstrations of draping, biomechanics and demonstration of massage techniques for the back.
<b>Saturday Morning:</b>	Review of massage techniques for the back followed by student exchanges. Demonstration of draping and massage techniques for lower extremity followed by student exchanges.
<b>Saturday Afternoon:</b>	Demonstration of draping and massage techniques for upper extremity followed by student exchanges.
<b>Sunday Morning:</b>	Review quiz; demonstration of draping and massage techniques for the upper chest, neck, face and scalp followed by student exchanges; review of draping and application of massage techniques for full body massage; comprehensive full body massage and evaluation.

### **GENERAL INFORMATION:**

- Wear loose, comfortable clothing e.g. sweat pants, tights, runners, shorts (mid thigh) short-sleeved shirt (no boxer shorts). No excessive jewelry, no flip/flops and no high heeled sandals/shoes. Trim fingernails.
- Please expect to practice massage techniques on fellow classmates. **You will be disrobing but underclothing will be kept on and you will be covered and draped at all times.**
- We are located at 613 Columbia Street, New Westminster (Columbia and 6<sup>th</sup>).
- There is a parking lot at 560 Columbia Street (at 6<sup>th</sup>) and limited metered street parking available. Bus stops are located near the College, and the closest SkyTrain station is 2 blocks east at the Columbia Street station.
- The College will be open by 8:30 am. The doors will be locked at 9:30 pm.
- Lunch break is 1 hour. You may bring your own or visit one of the many restaurants in the area. No food or drink (except for water) will be allowed in the practical classroom.
- **Remember to bring a water bottle!**



**West Coast College of Massage Therapy Inc.**  
**West Coast College of Massage Therapy**  
**613 Columbia Street**  
**New Westminster, BC V3M 1A7**  
**Phone: 604 – 520-1844, ext. 223 Fax: 604 – 520-1831**  
**Email: [admissions@collegeofmassage.com](mailto:admissions@collegeofmassage.com)**

**STUDENT ENROLMENT CONTRACT**

The West Coast College of Massage Therapy is designated by the Private Training Institutions Branch.

**SPECIAL NOTICE**

Under PTA only career related programs of 40 or more hours of instruction and \$ 4000 or over in tuition require approval. Given that WCCMT's Introduction to Massage Course is an 18 hour course offering the student enrolled in this course may not file a claim against the fund with the trustee in respect of the program of instruction.

**STUDENT INFORMATION**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Student Last Name	Student First Name and Middle or Given Names	Student Usual First Name
Student Previous Surname (If Applicable)		Student Previous First Name (If Applicable)	
Local Mailing Address:			
City/Province/Country :		Postal Code:	
Telephone Number		Alternate Telephone Number	
Email Address		Secondary Email Address	
Permanent Mailing Address (if different from local mailing address)			
Date of birth : (YY-MM-DD)	>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		

**PROGRAM INFORMATION**

Program Title:	Introductoin to Massage Therapy		
Start Date:		End Date:	
Program Duration:	# Hours: 18	<input checked="" type="checkbox"/> Hours	

**PROGRAM OUTLINE**

Draping, Biomechanics, Application of Massage Techniques for the back	2 hours
Draping, Biomechanics, Application of Massage Techniques for the Upper & Lower Extremities	8 hours
Draping, Biomechanics, Application of Massage Techniques for the neck & chest And full Body Massage	8 hours



**PROGRAM COSTS All fees are in Canadian dollars (\$CAN)**

Registration Fee: (maximum \$250 domestic/ \$1000 international)	\$	
Tuition Fee (including discounts/scholarships)	\$	300.00
Textbook Fee	\$	
Materials and Supplies	\$	
Uniform and Equipment Fee	\$	
Student Record Archiving Fee	\$	
Prior Learning or Portfolio Assessment Fee (maximum \$250)	\$	
Other Fees Payable (explain)	\$	
<b>TOTAL PROGRAM COST PAYABLE UNDER THIS CONTRACT</b>	<b>\$</b>	<b>300.00</b>

**PAYMENT TERMS**

Payments can be made by cheques, bank draft, money order, debit or cash  
 There will be a \$50 fee for late post-dated payments, late monthly payments, and NSF cheques

Program Cost will be paid by way of:	
Payment Amount(s)	Date(s) Due:

**REFUND POLICY**

1. If the institution receives tuition from the student, or a person on behalf of the student, the institution will refund the student, or the person who paid on behalf of the student, the tuition that was paid in relation to the program in which the student is enrolled if:
2.
  - (a) the institution receives a notice of withdrawal from the student no later than seven days after the effective contract date and before the contract start date;
  - (b) the student, or the student's parent or legal guardian, signs the student enrolment contract seven days or less before the contract start date and the institution receives a notice of withdrawal from the student between the date the student, or the student's parent or legal guardian, signed the student enrolment contract and the contract start date; or
  - (c) the student does not attend a work experience component and the institution does not provide all of the hours of instruction of the work experience component within 30 days of the contract end date.
3. The institution will refund the tuition for the program and all related fees paid by the student or a person on behalf of the student enrolled in the program if the student is enrolled in the program without having met the admission requirements and did not misrepresent his or her knowledge or skills when applying for admission.
4. If a student does not attend any of the first 30% of the hours of instruction to be provided during the contract term, the institution may retain up to 50% of the tuition paid under the student enrolment contract unless the program is provided solely through distance education.
5. Unless the program is provided solely through distance education, if the institution receives a notice of withdrawal from a student:
  - (a) more than seven days after the effective contract date and
    - i. at least 30 days before the contract start date, the institution may retain up to 10% of the tuition due under the student enrolment contract, to a maximum of \$1,000.

Initials: _____
-----------------

- ii. less than 30 days before the contract start date, the institution may retain up to 20% of the tuition due under the student enrolment contract, to a maximum of \$1,300.
    - (b) after the contract start date
      - i. but before 11% of the hours of instruction to be provided during the contract term have been provided, the institution may retain up to 30% of the tuition due under the student enrolment contract.
      - ii. and after 10% but before 30% of the hours of instruction to be provided during the contract term have been provided, the institution may retain up to 50% of the tuition due under the student enrolment contract.
6. Unless the program is provided solely through distance education, if the institution provides a notice of dismissal to a student and the date the institution delivers the notice to the student is:
- (a) before 10% of the hours of instruction to be provided during the contract term have been provided, the institution may retain up to 30% of the tuition due under the student enrolment contract
  - (b) .after 10% but before 30% of the hours of instruction to be provided during the contract term have been provided, the institution may retain up to 50% of the tuition due under the student enrolment contract.
7. If the institution provides the program solely through distance education and the institution receives a student's notice of withdrawal or the institution delivers a notice of dismissal to the student and:
- (a) the student has completed and received an evaluation of his or her performance for at least 30% of the hours of instruction to be provided during the contract term, the institution may retain up to 30% of the tuition due under the student enrolment contract, or
  - (b) the student has completed and received an evaluation of his or her performance for more than 30% but less than 50% of the program, the institution may retain up to 50% of the tuition due under the student enrolment contract.
8. The institution will refund fees charged for course materials paid for but not received if the student provides a notice of withdrawal to the institution or the institution provides a notice of dismissal to the student.
9. Refunds required under this policy will be paid to the student, or a person who paid the tuition or fees on behalf of the student, within 30 days:
- (a) of the date the institution receives a student's notice of withdrawal,
  - (b) of the date the institution provides a notice of dismissal to the student,
  - (c) of the date that the registrar provides notice to the institution that the institution is not complying with section 1 (c) or 2 of this policy or
  - (d) after the first 30% of the hours of instruction if section 3 of this policy applies.
10. If an international student delivers a copy of a refusal of a study permit to the institution, sections 1 (a), 1 (b), 4, 7, and 8 of this policy apply as if the copy of the refusal were a notice of withdrawal, unless:
- (a) the international student requests an additional letter of acceptance for the same program that was the subject of the refusal of a study permit, or
  - (b) the program is provided solely through distance education.

**PRIVATE TRAINING INSTITUTIONS BRANCH**

Tel. (604) 569-0033 or 1-800-661-7441

Fax. (778) 945-0606

**See PTIB website**

**See PTIB email address**

Please be advised that under section 61 of the Private Training Act, the Registrar is authorized to collect, use and disclose personal information in accordance with the Registrar’s regulatory duties under that Act. Accordingly, this institution is authorized to disclose your personal information to the Registrar for regulatory purposes.

**STUDENT DECLARATION**

I consent to the sharing, in accordance with applicable Provincial privacy legislation, of my enrolment and reporting information between West Coast College of Massage Therapy and Immigration, Refugees and Citizenship Canada, as necessary, for the purposes of the International Student Program.

PRINTED NAME

SIGNATURE of STUDENT or PARENT/LEGAL GUARDIAN

DATE

**INSTITUTION SIGNATURE**

The institution agrees to deliver the program according to the terms of this contract. The institution reserves the right to make minor adjustments to the program curriculum and/or delivery. The institution certifies that the student has met the admission requirements for the program of study.

NAME OF ADMISSION OFFICER, REGISTRAR, AGENT, or SCHOOL OFFICIAL

SIGNATURE

DATE



West Coast College of MASSAGE Therapy

## Student Budget Worksheet West Coast College of Massage Therapy

Name: \_\_\_\_\_ Class Commencing: \_\_\_\_\_

<u>INCOME</u> (for 20 months)		<u>EDUCATIONAL EXPENSES</u> (for 20 months)	
Description	Amount	Description	Amount
<b>Savings</b>		<b>Tuition</b>	\$29,995.00
<b>Investments</b>		<b>Books</b> <i>(subject to change)</i>	\$2,400.00
<b>Employment</b> <sup>(1)</sup>		<b>Linens</b> <sup>(5)</sup> <i>(approx.)</i>	100.00
<b>Other Support</b> <sup>(2)</sup>		<b>Massage Table</b> <sup>(6)</sup> <i>(approx.)</i>	400.00
<b>Student Loan</b> <sup>(3)</sup>		<b>Miscellaneous</b> <sup>(7)</sup> <i>(approx.)</i>	475.00
<b>Other Income</b> <sup>(4)</sup>		<b>School Supplies</b> <sup>(8)</sup> <i>(approx.)</i>	200.00
<b>NET INCOME</b>	_____ <b>(A)</b>	<b>TOTAL EDUCATION EXPENSES</b>	\$33,570.00
<u>MONTHLY LIVING EXPENSES</u>		<u>FINANCIAL BALANCE</u>	
<b>Rent/mortgage payments</b> <i>(incl. Utilities)</i>			
<b>Food</b>		<b>NET INCOME (A):</b>	_____ _____ <b>(A)</b>
<b>Transportation</b>		<b>LESS:</b>	
<b>Childcare</b>		<b>TOTAL LIVING EXPENSES (B)</b>	_____ _____ <b>(B)</b>
<b>Entertainment</b>		<b>TOTAL EDUCATION EXPENSES (C)</b>	\$33,570.00 <b>(C)</b>
<b>Loan Payments</b>			
<b>Miscellaneous</b>		<b>TOTAL OVERALL EXPENSES (B+C)</b>	_____ _____ <b>(B+C)</b>
<b>Clothing</b>			
<b>SUBTOTAL</b>			
<b>Multiply monthly subtotal by 20 months</b>			
<b>TOTAL LIVING EXPENSES</b>	_____ _____ <b>(B)</b>	<b>TOTAL INCOME (LOSS) {A-(B+C)}</b>	_____ _____ <b>A-(B+C)</b>

The purpose of this budget sheet is to illustrate to WCCMT that you will be able to financially support yourself while you are in school.

## WCCMT – New Westminster Campus

### **INCOME** (based on 20 months)

#### **(1) Employment**

Estimate what you anticipate to earn over **20 months**

#### **(2) Other Support**

Estimate any financial support from your parents, spouse, family member, etc. if applicable. Please submit a **SIGNED “Letter of Support”** completed by the person supporting you.

#### **(3) Student Loans**

Student Aid BC helps eligible students with the cost of their post-secondary education through loans, grants, bursaries and scholarships. For those who qualify for the maximum allowable amount you will receive enough funding to cover your tuition and books. Please refer to Student Aid BC’s website for information on maximum funding limits. This will aid you in estimating what you will receive for student loans. <https://studentaidbc.ca/>

#### **(4) Other Income**

Specify EI, grants, scholarships, bursaries

### **MONTHLY EXPENSES**

Enter in a **monthly** figure for each expense. \*Add all your monthly expenses together and **multiply** the subtotal by **20 months**.

### **EDUCATIONAL EXPENSES**

#### **(5) Linens**

Each student will be required to purchase their own linens. Approx **\$100.00**

#### **(6) Massage Table**

Prices range from **\$200.00 - \$800.00**

#### **(7) Miscellaneous**

Criminal Records Review - **\$28.00** (via Ministry of Public Safety & Solicitor General in Victoria, BC)

Standard First Aid and Level “C” CPR **with AED**- approx. **\$140.00**

Blood Pressure Cuff – approx **\$40.00** / Stethoscope - approx **\$50.00** (required for hydrotherapy)

Clinic Uniform – WCCMT white golf shirt with tan pants (no yoga attire is permitted) - approx **\$100.00-\$150.00**

#### **(8) School Supplies:**

Pens, Pencils, Paper, Binders etc - approx **\$200.00**

**\*\*\*Please note: School Supplies subject to change as per course requirement.**

### **FINANCIAL BALANCE**

If you are in a **‘Loss’ position** you will need to provide an explanation below on what actions you intend to take to address the issue. If a secondary source will be assisting you with your financial deficit, you will need to provide the college with a signed **Letter of Support** from that person.

**Please outline and discuss your strategies for addressing any financial concerns:**




## Letter of Support

Applicant Name: \_\_\_\_\_ Program Commencing: \_\_\_\_\_

I, \_\_\_\_\_, will be financially accountable for \_\_\_\_\_ during his/her time of study at WCCMT. I acknowledge and agree to pay for the following fees **(please check appropriate boxes)**:

- Tuition \$29,995
- Books & Supplies \$2,000-\$4,000
- Complete living expenses for the duration of the program which includes: rent, utilities, transportation, food, etc.

By signing this form, I declare my financial responsibility as listed above is true and accurate to the best of my knowledge. I hereby consent to these terms as indicated by my signature below:

Printed Name: \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



West Coast College of MASSAGE Therapy

## Medical Clearance Form

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Examining Physician:**

WCCMT requires all applicants registering into the Massage Therapy program to present this form to a qualified physician to provide third party medical clearance. This form must be completed in order for the Applicant to meet WCCMT's medical requirements.

Please complete the following:

**Physical Health**

Has/does the patient:

Any recent injury, illness or infectious disease?

**YES**

**NO**

Have a chronic or recurring illness/condition?

Ever passed out during or after a strenuous physical activity?

Ever had seizures?

Ever had high blood pressure?

Ever had back problems?

Ever had problems with joints (e.g., knees, ankles)?

**Please explain if answered "yes".**

**Mental Health**

Is the patient in good mental health?

**YES**

**NO**

Has the patient had any history of mental health issues?

**Please explain if answered "yes".**

**Communicable Diseases**

Does the patient have any form of communicable diseases?

**YES**

**NO**

Does the patient have any skin problems (e.g. allergies, rash)?

***I declare that I have completed a full examination on the above patient and find him/her to be in good physical and mental health and to be free from any communicable diseases. I also certify that the medical assessment provided by me on this form is true and accurate to the best of my knowledge.***

The above patient:  is  is not able to participate in the program.

**Physician Name:** \_\_\_\_\_

(Printed)

(Signature)

(Date)

How long have you known the patient?: \_\_\_\_\_

(Address)

***Form is not valid without Doctor's name, address and signature***