



# WCCMT PRE-REQUISITES

## 1) High School Graduation

You must provide proof (original, sealed transcripts) of minimum High School graduation or equivalent

## 2) Introduction to Massage Therapy Program

Proof of completion of an Introduction to Massage Therapy Program. Please contact Admissions for the schedule of weekend courses available at WCCMT or you can download the registration and contract. If you are a long distance applicant and unable to attend WCCMT's Introduction to Massage Therapy Program, you may request the option of providing a certificate of completion from a similarly accredited school of massage therapy or a licensed Registered Massage Therapist, licensed in the Province of British Columbia.

## 3) 3 Signed, Original Character Reference Letters

Reference letters need to be current dated, addressed to the College (**NOT** "to whom it may concern") and have an original signature. References must speak to your character, your desire to be part of the program of study at WCCMT and why they feel this is a good career choice for you. HCP references must not come from family members. You will be required to submit one original reference letter from each category listed below:

- a) HCP (Health Care Professional) – RMT, Physiotherapist, Chiropractor, Doctor, Nurse, etc.
- b) Employer – Director Supervisor, either past or present
- c) Friend – someone who has known you for over 5 years

## 4) Medical Note from Physician

Medical notes must be provided utilizing the Medical Clearance Form which is included in the Application package. The form must be completed by your family physician and include his or her name, address and signature. If you do not have a family physician, the form can be completed at a walk in clinic.

## 5) Student Budget Worksheet

This form is included in the Application package and allows prospective students the opportunity to plan and budget for their education and living expenses during the 20 month program. A Letter of Support is also available if the prospective student has independent funding from an outside source – ie., family, friends, etc.

## 6) Application Essay

Please provide an entrance essay consisting of a minimum of 300 words to a maximum of 500 words. Please ensure that your essay is typed, double spaced, grammatically correct and addresses each of the following points with breadth and depth.

Your essay should address the following points:

- Why do you want to practice massage therapy?
- Your experience, if any, with massage therapy
- What you have to offer the profession of massage therapy

## 7) Current Resume

Please provide a current resume which can be emailed directly to Admissions in either Word or PDF format at [admissions@collegeofmassage.com](mailto:admissions@collegeofmassage.com).

## 8) Criminal Record Check

A criminal record check must be completed 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/criminalrecordcheck>

The access code is: 9YTXES5AVK

Choose Schedule B / working with children and vulnerable adults

## 9) Educational Interview

An education interview will be scheduled when approx. 50% of your application documentation has been received by the College. An Admissions Officer will contact you to schedule the appointment for this interview. You will be sent a copy of our Student Policy Manual and expected to review policies and protocols during the meeting.

## 10) Language Proficiency Assessment Policy and Procedure for Students whose first language is not English

Students whose first language is not English can demonstrate that they meet language competency requirements by fulfilling any one of the below list of options:

- Successfully undertake either the IELTS, TOEFL or CanTest (in Ontario Only)
- Complete formal education in an approved English language school which offers a program of study equivalent to TOEFL such as Inlingua Vancouver
- 2 Years of **FULL TIME** study at a secondary or college level in a country where English is an official language or language of common usage

### International English Language Testing System (IELTS)

The requirement is a minimum band score of 6.0 in all academic modules and no more than two years before the start of the program.

### Test of English as a Foreign Language (TOEFL).

Internet Based Test, minimum requirement is an overall score of 25 in each element. The minimum requirement is 550 in the paper based test

### Canadian Test of English for Scholars and Trainees (Can Test))

Must achieve scores of 4.5 in listening, 4.5 in reading and 4.0 in writing

If you are an International student, please visit our International Student page on our [website](#).

**PLEASE NOTE:** For administrative purposes we will also require 2 original passport sized photos and copies of 2 pieces of government issued ID.



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"/> Other		<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 licenced Psychologist)?**  
 No  
 Yes – If you answered yes, a current (within 5 years) Psycho-Educational Assessment must accompany this application submission

**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 below):

\_\_\_\_\_

Other Advertising (please specify):

\_\_\_\_\_

Website/Social Media

Career Fair/School Counsellor

## CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

As of today's date, do you have an open ICBC or WCB injury claim?  Yes  No

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: \_\_\_\_\_

## 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!

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## PAYMENT

\$100.00 Non Refundable 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 \_\_\_\_\_

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**WCCMT – New Westminster**  
613 Columbia Street  
New Westminster, 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 (priority registration will be given to those who have an open application for acceptance into the 20 Month Competency Based Mastery Level Registered Massage Therapy Program), as well as being the practical prerequisite for applicants to the Registered Massage Therapy Diploma Program. **PLEASE NOTE: Registration form and payment 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

January 14-16, 2022	February 11-13, 2022	March 11-13, 2022	May 13-15, 2022
June 10-12, 2022	July 8-10, 2022	September 16-18, 2022	October 14-16, 2022
November 18-20, 2022	TBA	TBA	TBA

#### 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"/> Other			<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) _____		

#### CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

As of today’s date, do you have an open ICBC or WCB injury claim?  Yes  No

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 \_\_\_\_\_

#### 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: _____		VIN _____
EXPIRY DATE (month/year): _____	SIGNATURE APPEARING ON CARD: _____	



**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  
 Email: [admissions@collegeofmassage.com](mailto:admissions@collegeofmassage.com)

The West Coast College of Massage Therapy is designated by the Private Training Institutions Branch.  
 Introduction to Massage Therapy Does Not Require Approval and was not reviewed by PTIB.

### STUDENT INFORMATION

Last Name	First Name
Mailing Address:	
Student Telephone Number	Student Email Address

### PROGRAM INFORMATION

Program Title:	Introduction to Massage Therapy		
18	0		
Hours of Instruction during Contract Term	Program Duration in weeks	Contract Start Date	Contract End Date
Program Delivery: (select all that apply)	<input checked="" type="checkbox"/> In-class	<input type="checkbox"/> Distance	<input type="checkbox"/> Combined
Language of Instruction:	English		

### PROGRAM OUTLINE *(please initial the full outline attached)*

Introduction to massage therapy as a regulated health profession, demonstrations of draping, biomechanics and demonstration of massage techniques for the back.	2 hours
Review of massage techniques for the back followed by student exchanges. Demonstration of draping and massage techniques for lower extremity followed by student exchanges. Demonstration of draping and massage techniques for upper extremity followed by student exchanges.	8 hours
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. Comprehensive full body massage and evaluation. Question period.	8 hours

### PROGRAM COSTS

Total tuition payable during contract term	\$	300.00
List all additional administrative, application, assessment, course material and other mandatory fees, adding lines as necessary.	\$	N/A
<b>TOTAL PROGRAM COST</b>	<b>\$</b>	<b>300.00</b>

## TUITION REFUND POLICY

Circumstances	Amount of Refund
<ul style="list-style-type: none"> <li>• <b>Before program start date</b>, institution receives a notice of withdrawal (applies to all students)</li> </ul>	50% tuition and all related fees, other than the application fee. Related fees include: administrative fees, application fees, assessment fees, and fees charged for textbooks or other course materials.
<ul style="list-style-type: none"> <li>• <b>After program start date</b>, WCCMT provides a notice of dismissal or receives a notice of withdrawal;</li> <li>• <b>“No Show”</b> Student does not attend the first 10% of the program</li> </ul>	No refund will be provided.
<ul style="list-style-type: none"> <li>• <b>WCCMT receives a refusal of study permit (applies to international students requiring a study permit):</b></li> </ul>	100% tuition and all related fees, other than application fee.

WCCMT will pay the tuition or fee refund **within 30 days** after receiving notice of withdrawal or refusal of study permit; providing a notice of dismissal, or the date on which the first 10% of the hours of instruction are provided (no-show).

## PRIVATE TRAINING INSTITUTIONS BRANCH

The program of instruction outlined in this student enrolment contract does not require approval under the *Private Training Act*.

Students may not file a claim against the Student Tuition Protection Fund with the Trustee in respect of this program of instruction.

Should you have any questions, you may contact the Private Training Institutions Branch of the Ministry of Advanced Education, Skills and Training at:

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

Fax. (778) 945-0606

[www.privatetraininginstitutions.gov.bc.ca](http://www.privatetraininginstitutions.gov.bc.ca)

[PTI@gov.bc.ca](mailto:PTI@gov.bc.ca)

## STUDENT SIGNATURE

Student Signature	Date Signed
Signature of Parent or Legal Guardian	Date Signed

## INSTITUTION SIGNATURE

Signature of Institution Representative	Date Signed
	September 1, 2021



# WEST COAST COLLEGE OF MASSAGE THERAPY

## INTRODUCTION TO MASSAGE THERAPY PROGRAM OUTLINE

**INSTRUCTOR:** Amy Van Sickle, RMT, [vansicklea@collegeofmassage.com](mailto:vansicklea@collegeofmassage.com)

### **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 (6:00 – 8:00 pm)</b>	Introduction of massage therapy as a regulated health care profession in B.C. Demonstration of draping, biomechanics and demonstration of massage techniques for the back.
<b>Saturday (9:00 am – 5:00 pm):</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. Demonstration of draping and massage techniques for upper extremity followed by student exchanges.
<b>Sunday (9:00 am – 5:00 pm):</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.
- Appropriate breaks will be given throughout the Program. You may bring your own light snacks 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!**

Initials (Required) PE \_\_\_\_\_



West Coast College of MASSAGE Therapy

## Student Budget Worksheet West Coast College of Massage Therapy

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

<u><b>INCOME</b></u> (for 20 months)		<u><b>EDUCATIONAL EXPENSES</b></u> (for 20 months)	
Description	Amount	Description	Amount
<b>Savings</b>		<b>Tuition</b>	\$32,500.00
<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>	600.00
<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>TOTAL EDUCATION EXPENSES</b>	<b>\$36,275.00</b>
<u><b>MONTHLY LIVING EXPENSES</b></u>		<u><b>FINANCIAL BALANCE</b></u>	
<b>Rent/mortgage payments</b> <i>(incl. Utilities)</i>		<b>NET INCOME</b>	
<b>Food</b>		<b>LESS:</b>	
<b>Transportation</b>		<b>Total Living Expenses</b>	
<b>Childcare</b>		<b>Total Education Expenses</b>	
<b>Entertainment</b>			
<b>Loan Payments</b>			
<b>Miscellaneous</b>			
<b>Clothing</b>			
<b>SUBTOTAL</b>			
<b><u>Multiply monthly subtotal by 20 months</u></b>			
<b>TOTAL LIVING EXPENSES</b>		<b>TOTAL INCOME (LOSS)</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. **\$160.00**

Blood Pressure Cuff – approx **\$35.00** / Stethoscope - approx **\$40.00** / Thermaphore – approx. **\$100.00**

Clinic Uniform – WCCMT golf shirt with black/tan pants (no yoga attire is permitted) - approx **\$50.00**

**(8) School Supplies:**

Pens, Pencils, Paper, Binders etc - approx **\$62.00**

**\*\*\*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 \$32,500
- 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: \_\_\_\_\_



# MEDICAL CLEARANCE FORM

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

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

**Notice to The Examining Physician (*please read*):** WCCMT requires all applicants registering into the 20 Month Registered Massage Therapy program present this form to a qualified physician to provide medical/mental health clearance. This form must be completed in order for the applicant to meet WCCMT's medical requirements.

**Physical & Mental Demands:** Please see the chart on the next page for details on the physical and mental demands of the program. WCCMT's program is a full-time program. Students attend on-campus five to six days per week (40 hours), plus an additional two to three hours of self-study per day. If you have referred this patient to a specialist (Psychologist or Psychiatrist) please explain below and indicate whether further clearance is required.

**PHYSICAL HEALTH**

Has/Does the Patient:	<b><u>YES</u></b>	<b><u>NO</u></b>
• Any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
• Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
• Ever passed out during or after strenuous physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
• Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
• Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
• Ever had problems with joints? (eg. ankles, knees)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above, please explain:

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**MENTAL HEALTH**

	<b><u>YES</u></b>	<b><u>NO</u></b>
• Is the patient in GOOD mental health?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the patient had any history of mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
• Is further clearance required?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide contact information for the psychologist/psychiatrist the patient was referred to:

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**COMMUNICABLE DISEASES**

	<b><u>YES</u></b>	<b><u>NO</u></b>
• Does the Patient have any form of Communicable Disease?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the patient have any skin problems (eg. – allergies, rash)?	<input type="checkbox"/>	<input type="checkbox"/>

*Please see next page...*

