



West Coast College of **MASSAGE** Therapy

## Massage Therapy Diploma Program Application Form

<b>PERSONAL DATA – Please complete all of the spaces below. If not applicable to you, indicate “N/A”. Do not leave blank.</b>					
<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) _____	

<b>EDUCATIONAL INFORMATION – Please complete all of the spaces below. If not applicable to you, indicate “N/A”.</b>			
An official copy of your High School diploma 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	
<b>Related Education History</b>			
<b>Are you applying for a Prior Learning Assessment?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes – If you answered yes please complete the Prior Learning Assessment Application Form (contact Admissions for further information)			
<b>Have you completed the Introductory Massage Course?</b>			
<input type="checkbox"/> No – If you answered no when do you expect to complete it? _____ <input type="checkbox"/> Yes – If yes when did you complete it? _____			
<b>Do you have a current Standard First Aid and Level ‘C’ CPR certificate or higher?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Are you a student with a documented Psycho-Educational learning disability (assessed by a licenced Psychologist)?</b>			
<input type="checkbox"/> No <input type="checkbox"/> 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"/> 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/Alumni \_\_\_\_\_     Website     School Counsellor  
 Other Advertisement/person     Social Media     Career Fair

## CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

I confirm that I am healthy, fit and able to participate in all aspects of the 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.

\_\_\_\_\_ No, I do not have an open claim

\_\_\_\_\_ Yes, I have an open 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

Debit (in person only)

Money Order or Cheque

Card Number:

Expiry Date

CVC #

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)