



Application Form 2014

Date: _____

Contact Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

About You

How did you first hear about the school? _____

Date of Birth (dd/mm/yy): ____/____/____

Alberta Student Number (ASN): _____

Name and location of high school: _____

Highest level of education: high school college or technical school university

List any post-secondary training: _____

What life and work experience have you had that will prepare you for a career in massage therapy?

You need good health and fitness to work in massage. Do you understand the physical demands of a massage career and feel prepared to meet them? Yes No

What program are you interested in?

2200-hour diploma program applicants (new to massage therapy)

Where and when would you like to attend classes?

- | | |
|--|---|
| <input type="checkbox"/> Calgary – January 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) |
| <input type="checkbox"/> Edmonton – January 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) |
| <input type="checkbox"/> Calgary – September 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) |
| | <input type="checkbox"/> Weekly (Wed) |
| <input type="checkbox"/> Edmonton – September 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) |
| | <input type="checkbox"/> weekly (Tue) |

Advanced Placement program applicants (suitable for massage therapists/ initial training required)

Where did you take your previous massage training?

School Name: _____

Program Name: _____

Date or Year of training: _____

No. of program hours: _____

Advanced Placement (AP) applicants:

Where and when would you like to attend tutorials?

- | | | |
|--|---|--|
| <input type="checkbox"/> Calgary – September 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) | <input type="checkbox"/> weekly (Wed: 9-5) |
| <input type="checkbox"/> Edmonton – September 2014 | <input type="checkbox"/> monthly (4 days: Thur-Sun) | <input type="checkbox"/> weekly (Tue/Wed: 9-5) |

Please fax (780-432-7034) or mail your completed form to:
MH Vicars School *of* Massage Therapy 2828 Calgary Trail, Edmonton, AB T6J 6V7