

## South Edmonton School of Massage Therapy Application Form

Submitting this application does not obligate you to attend but enters your information into our files. Applications will be reviewed and the most suited applicants will be called for an interview, with those successful being offered the opportunity to enroll in our programs.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current Employer name, company and dates of employment:

\_\_\_\_\_

Previous Employer: name, company and dates of employment:

\_\_\_\_\_

Reference 1: name, phone number and email:

\_\_\_\_\_

Reference 2: name, phone number and email:

\_\_\_\_\_

How did you learn about our school?

\_\_\_\_\_

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

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In Your Own Words Describe Your Career Goals

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Date of birth (mm/dd/yy): \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

Where did you attend high school?

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What post-secondary training have you had? Please list.

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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

Other comments:

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