



# SOUTH EDMONTON SCHOOL OF MASSAGE THERAPY

## South Edmonton School of Massage Therapy Application Form

*Submitting this application does not obligate you to attend or pay the registration fee, 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 program.*

Your Full Name:

Mailing Address (City / Street / Province / Postal Code):

Mobile Phone Number:

Home Phone Number (if different from mobile number):

Email address:

Date of birth (mm/dd/yy):

Professional Reference (name, relationship (employer, professor, supervisor, etc., & phone number):

How did you learn about our school?

Where and when did you finish high school?

Do you have a high school diploma, GED, or equivalent? (where & when did you graduate)? *(please include copies/scans of your transcripts/certificates if available):*

What post-secondary education/training have you completed? Please list, *(and please include copies/scans of your transcripts/certificates if available):*

What life and work experiences have you had that will help you in your massage therapy career?

In your own words, describe your career goals (why do you want to become a registered massage therapist?):

Success as a massage therapist requires good health & fitness. Do you understand the physical demands of a massage therapy career, and are you prepared to meet those demands? Yes                      No

(OPTIONAL): Do you identify as Black, Indigenous, or Person of Color (BIPOC)? Yes                      No

Other comments (what else should we know about you):