

## Registration for Massage Therapy Program

PERSONAL INFORMATION <small>Please Print. Use full, legal name.</small>		MAILING ADDRESS	
Family Name		Mailing Address	
First Name		City or Town	
Middle Name(s)		Province	
Previous or Other Names (Surnames)		Postal Code	Country
Date of Birth (MM/DD/YY)		Home Phone	Cell Phone
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email Address <i>(required)</i>	

I am applying for: Swedish  Shiatsu  TCM / Acupressure

### PREVIOUS EDUCATION

Please list all high school and post-secondary education below (including training in alternative therapies).

Institution	Dates Attended	Program Name	Date of Grad (if applicable)

### EMPLOYMENT HISTORY


### FINANCIAL INFORMATION

How do you plan to finance your tuition?

Payment Plan  Full Payment  Bank Loan

## FEEDBACK & YOUR EXPERIENCE WITH MASSAGE THERAPY

- |                                                                                            |                              |                             |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Have you ever received a professional massage?                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know anyone in the massage field?                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attended a Setsuko Open House?                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received and read our policies?                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you visited our website? <a href="http://www.ecolesetsuko.ca">www.ecolesetsuko.ca</a> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you researched any other Massage Therapy Training Programs?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you reviewed the payment plan option?                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Massage Therapy is a physically demanding form of work. Do you have any physical condition that may have an effect on your ability to perform massage? If yes, please explain:

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How did you hear about Ecole Setsuko? *Check all that apply.*

- |                                                                  |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Alumni                                  | <input type="checkbox"/> Another Massage Therapy School |
| <input type="checkbox"/> Current Student                         | <input type="checkbox"/> Outside Sign                   |
| <input type="checkbox"/> Internet                                | <input type="checkbox"/> Print Advertisement            |
| <input type="checkbox"/> Massage Therapist                       | <input type="checkbox"/> Staff Member                   |
| <input type="checkbox"/> Massage Therapy Association             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> National Health Practitioners of Canada |                                                         |

## NOTICE and DECLARATION

Privacy Statement: The personal information identified herein, is used solely by Ecole Setsuko for the purposes of admission and registration. If you are accepted into the program this information may also be used for accounting and correspondence purposes.

I, \_\_\_\_\_ have completed that application to the best of my ability and I declare that all information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date