300–1050 West Pender St. Vancouver, BC, V6E 3S7 604–681-4450 admissions@vcmt.ca

www.vcmt.ca

## Vancouver College of Massage Therapy Application Form



Full Nan	ne:			Date: _				
	(first)	(middle)	(last)					
Email: _		Phone #:						
Address	s:							
	(street)	(city)	(prov/state)	(country)	(postal code)			
Please s	specify which intake, loc	eation and start date vo	u wish to apply for	•				
, , , , , , , , , , , , , , , , , , , ,		•						
Intake:	Full Time; Pa	rt Time; Location:	Vancouver;	Surrey				
Date:	Winter;	Spring;	Fall					
	(year)	(year)	(year)					
A nali	action Dro Boquio	oitoo						
	cation Pre-Requis							
	indicate your status by p			(es:				
	ademic Standards – H							
	High school graduati	•	•	•				
	High school graduati	on diploma completed	outside of Canada					
En	glish Language require	ement – one of the fo	llowing must be	achieved				
	I have achieved a gra	de of at least 70% in Er	ıglish 12 or an equi	valent English cou	rse			
	$\square$ I have achieved a gra	de of at least 70% in ar	n approved college	/university course	, in a country			
	where English is the	principal language						
	☐ I have successfully contained.	ompleted 2 years of full	-time studies at ar	English-speaking				
	college/university							
	☐ I have achieved one of	of the following internat	tional English exam	is:				
	☐ IELTS 6.5; ☐ T	OEFL (iBT) 88;   CE	ELPIP 7;  □ CLB	7;	□ PTE 65;			
	☐ I have not yet comple	eted one of the above re	equirements.					
	> Applicants who are t	unsure if they have met t	the English requirer	ment or if their Engl	ish course is			
	approved, may chec	k with VCMT admissions	s at <u>admissions@vo</u>	mt.ca				
Fu	rther Requirements - o	candidates will also n	eed to:					
	☐ Complete and meet	the requirements of a	VCMT Health Asse	ssment form				
	☐ Provide a copy of the	neir government approv	red photo ID					
		ete an interview with a	<del>-</del>	representative				
		ete an Introductory Ma		-				
		inal Record Check thro						
	* Each applicant is requi		•	for criminal offense	es. and. should a			
	change occur, provide a		-		, <i></i> ,,,,,,,,,,			
	· · · · · · · · · · · · · · · · · · ·	ound on the VCMT webs			),			

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## **Portfolio Documents**

						ion. Email docu	uments to a	dmissions@vcmt.
Acade	emic Sta	ndards - Po	st-Se	condary Edu	cation			
	I have a	degree in:						
	I have re	ceived a ce	rtificate	e/diploma in:				
	I have ta	ken one or r	nore co	ourses in:				
>	Priority v	vill be given t	o stude	ents who have	experienc	e at the post-se	condary lev	el. The GPA of an
	<del>-</del>	~		n reviewing ap	-		,	
	. ,			<u> </u>	<u>,                                      </u>			
Work	Experier	nce						
			and ev	nerience acq	uired thro	ugh various ha	ckarounds	Please indicate
	_			submit a resi			ckgrounds.	riease iliuicate
> ×	ork experi	enoc aoquii	cu una	Submit a rest	unic n poc	SIDIC		
>								
<u> </u>								
>								
Value	toon Erm							
	teer Exp					l l'i Di		· ·
				volunteerism	i a desirab	ie quality. Piea	se indicate	if you have taken
	any volui	nteer activit	les					
<u> </u>								
>								
Will yo						program at VCI		
			age red	quire a signatu	ıre from th	eir parent/guar	dian on the s	student contract.
	Yes	□ No						
Do you	ı plan on v	working par	t-time v	while attendin	ng school?			
	Yes	□ No		<b>Jnsure</b>				
						nic accommoda		
								on to the program
along v	with docu		an ass	essment, reco	gnizing th	at not all reques	sts can be a	ccommodated.
	Yes	□ No						
Please	indicate	how you he	ard abo	out VCMT				
	Online a	d		Online search		Social Media		☐ Direct Mail
	Word of	Mouth	□ V	Vebsite		Career Fair		☐ Brochure
	Other:							
Intern	ational S	tudent Ap	nlicani	's				
					mploted t	heir education	in a langua	no other than
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		-				tion Services (\	_	
	tion servi			,,,		(1		
			onal ap	plicant requir	ing a stud	y permit?		
	Yes	□ No	- 1-		<u> </u>			
		10						

## Vancouver College of Massage Therapy Application Form



Describe your interest in becoming a Registered Massage Therapist	
Docume your interest in Decembing a Registered Maccage Merupiet	
Declarations	
I consent to the Vancouver College of Massage Therapy sharing my personal information with the Ministry of	
Advanced Education for research purposes and statistical analysis under the authority of sections 6(2)(a) and	
10(1)(a) of the Personal Information Protection Act (PIPA).	
☐ Yes ☐ No	
I have read VCMT's program entry requirements before completing this application and have provided true and	
factual information to the best of my ability.	
☐ Yes ☐ No	
Signature Date	

Upon completion of this application form, please forward to admissions@vcmt.ca

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