

Vancouver College of Massage Therapy Application Form



Full Name: _____ **Date:** _____
 (first) (middle) (last)

Email: _____ **Phone #:** _____

Address: _____
 (street) (city) (prov/state) (country) (postal code)

Please specify which intake and which start date you wish to apply for:

Intake: Full Time; Part Time **Date:** Winter _____; Spring _____; Fall _____;
 (yr) (yr) (yr)

Application Pre-Requisites:

Please indicate your status by placing a checkmark in the appropriate boxes:

Academic Standards – High School Education	
<input type="checkbox"/>	High school graduation diploma (Dogwood), or equivalent, completed in Canada
<input type="checkbox"/>	High school graduation diploma completed outside of Canada
➤ Priority will be given to students who have completed at least one Science 12 course	

English Language requirement	
<input type="checkbox"/>	I have achieved a grade of at least 70% in English 12 or an equivalent English course
<input type="checkbox"/>	I have completed a university level English with a final mark of at least 70%
<input type="checkbox"/>	I have achieved one of the following international English exams:
<input type="checkbox"/>	LPI: Level 5; <input type="checkbox"/> IELTS: 6.5; <input type="checkbox"/> CAEL: 60; <input type="checkbox"/> TOEFL (Int): 85; <input type="checkbox"/> CELPIP
<input type="checkbox"/>	I have successfully completed 2 years of full-time studies at an English-speaking college/university
<input type="checkbox"/>	I have not yet completed one of the above requirements.
➤ Students who scored below 70% in English 12 and haven't met any of the preceding standards may complete the VCMT English Essay. Please email admissions@vcmt.ca for more detail.	
➤ Applicants who have completed all their schooling in a language other than English must complete an International English Language Exam at the minimum score.	

Further Requirements - candidates will also need to:	
<input type="checkbox"/>	Successfully complete an interview with a VCMT Admissions representative
<input type="checkbox"/>	Complete and meet the requirements of a VCMT Health Assessment form
<input type="checkbox"/>	Provide proof of immunization and screening
<input type="checkbox"/>	Provide a copy of their government approved photo ID
<input type="checkbox"/>	Successfully complete an Introductory Massage Workshop
<input type="checkbox"/>	Secure a clear Criminal Record Check through VCMT*.
* Each applicant is required to report future changes or convictions for criminal offenses, and, should a change occur, provide a new authorization for a criminal record check.	
➤ These may be completed after the application as part of the "Registration Process".	

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Portfolio Documents

These are optional documents that can strengthen an application. Email documents to admissions@vcmt.ca

Academic Standards - Post-Secondary Education
<input type="checkbox"/> I have a degree in:
<input type="checkbox"/> I have received a certificate/diploma in:
<input type="checkbox"/> I have taken one or more courses in:
➤ <i>Priority will be given to students who have successfully completed post-secondary courses.</i>

Work Experience
VCMT recognizes the skills and experience acquired through various backgrounds. Please indicate any work experience acquired and submit a resume if possible
➤
➤
➤
➤

Volunteer Experience
VCMT considers a commitment to volunteerism a desirable quality. Please indicate if you have taken part in any volunteer activities over the past 5 years
➤
➤

General Information
Do you intend to apply for a Canada Student Loan?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be under the age of 19 years when you start your program at VMCT? <i>Applicants under 19 years of age require a signature from their parent/guardian on the student contract.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to apply for a Prior Learning Assessment to transfer credit from previous courses?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an educational need that requires an academic accommodation? <i>Please note that accommodation requests must be submitted in writing upon application to the program along with documentation of an assessment, recognizing that not all requests can be accommodated.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate how you heard about VCMT
<input type="checkbox"/> Online ad <input type="checkbox"/> Online search <input type="checkbox"/> Social Media <input type="checkbox"/> Direct Mail <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Career Fair <input type="checkbox"/> Brochure <input type="checkbox"/> Other:

International Student Applicants
International students, or students who have completed their education in a language other than English, will need to have their transcripts officially translated. It may also be required to provide an evaluation of equivalency to BC academic standards. This can be completed through an International Credential Evaluation Service (bcit.ca/ices), World Education Services (wes.org) or equivalent evaluation service.
➤ Are you an international applicant requiring a study permit?
<input type="checkbox"/> Yes <input type="checkbox"/> No

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Describe your interest in becoming a Registered Massage Therapist

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***

#300-1050 West Pender St.,
Vancouver, BC V6E 3S7
Tel: 604-681-4450

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Immunizations and Screening for Diseases Requirement

*****Please Note: Proof of immunizations and proof of screening for diseases is required by the Fraser Health Authority and Vancouver Coast Health Authority as listed in the Practice Education Guidelines for British Columbia.***

The following list of immunizations are currently required for participation in facilities associated with Vancouver Coastal Health and the Fraser Health Authority:

- **Tetanus/Diphtheria/Pertussis:** Basic immunization series plus booster dose within 10 years, with recommendation for having 1 adult dose of pertussis.
- **Poliomyelitis:** Basic immunization series plus single booster dose 10 years after primary series. Those with no basic series should have the series completed regardless of interval since last dose.
- **Varicella Vaccination:** Required for those with negative titers or those with no history of disease greater than 12 months of age.
- **Tuberculin Status:** Proof of negative skin test dated within 6 months of first practice education placement. For those with a positive skin test (10mm of induration or greater) at the last test, a negative chest X-ray is required within a year of the first practice education placement.
- **Periodic Screening:**
 - Annual TB skin testing or chest x-ray is recommended for those individuals who are, or are likely to be, involved in risk activities and at risk facilities.
 - Those individuals who are involved in high risk activities in all hospitals must have annual screening.