

# 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

English Language requirement – one of the following must be achieved	
<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 achieved a grade of at least 70% in an approved college/university course, <i>in a country where English is the principal language</i>
<input type="checkbox"/>	I have successfully completed 2 years of full-time studies at an English-speaking college/university
<input type="checkbox"/>	I have achieved one of the following international English exams:
<input type="checkbox"/>	IELTS 6.5; <input type="checkbox"/> TOEFL (iBT) 88; <input type="checkbox"/> CELPIP 7; <input type="checkbox"/> CLB 7; <input type="checkbox"/> CAEL 70; <input type="checkbox"/> PTE 65;
<input type="checkbox"/>	I have not yet completed one of the above requirements.
➤ Applicants who are unsure if they have met the English requirement or if their English course is approved, may check with VCMT admissions at <a href="mailto:admissions@vcmt.ca">admissions@vcmt.ca</a>	

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 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 forms can be found on the VCMT website and submitted with the application.	

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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 experience at the post-secondary level. The GPA of an applicant is considered when reviewing applications.</i>

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

Volunteer Experience
<b>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</b>
➤
➤

General Information
<b>Do you intend to apply for a Canada Student Loan?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will you be under the age of 19 years when you start your program at VCMT?</b> <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
<b>Do you plan on working part-time while attending school?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Do you have an educational need that requires an academic accommodation?</b> <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
<b>Please indicate how you heard about VCMT</b>
<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
<b>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.</b>
➤ <b>Are you an international applicant requiring a study permit?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

# Vancouver College of Massage Therapy Application Form



## **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](mailto:admissions@vcmt.ca)***

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Vancouver, BC V6E 3S7  
Tel: 604-681-4450