



Kiné-Concept Institute *Ontario*
APPLICATION FORM
2500 Hour Massage Therapy Program

Identification (Print or Type)

Date of Application _____	SIN _____
Last Name _____	First Name _____ Mr. Mrs. or Ms. (Please Circle)
Address _____ _____ _____	Tel (Home) _____ area- _____
	Tel (Office) _____ area- _____
Occupation _____	Birthdate _____ (year/month/day)

Education

Attach copies of all degrees, diplomas, and/or certificates.

Secondary School _____

Last Grade Completed _____ **Year** _____

Diploma or Certificate Completed _____ **Year** _____

Post Secondary Institution _____

Degree/Diploma/Certificate Completed _____ **Year** _____

If additional space is required, use a separate sheet and attach to application. Thank you.

Finance (how will you cover your tuition fees?)

Personal **Student Loans** **Other** _____
(Specify)

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application.

Signature of applicant

Date (year/month/day)

Include in this application:

- | | |
|---|---|
| 1) One copy of high school transcript (if no post secondary education) | 5) 3 letters of references (at least two must be academic or employer references) |
| 2) One copy of any post-secondary transcripts | |
| 3) A cheque or money order for the \$50.00 application fee (non-refundable) made to Kine Concept Ontario. | |
| 4) one recent photo | |



Additional Information

Email Address: _____

How did you hear about Kiné-Concept? _____

Did you attend a Kine-Concept weekend Introductory Massage Workshop? _____ Dates? _____

Please answer these questions on a separate sheet of paper, and then attach to this form.

1. Please summarize the reason why you are interested in exploring the field of massage therapy and your knowledge of the field of massage.
2. Entering this program would require a serious commitment of resources on your part, including time and money. Please describe, being as specific as possible, how you would manage your schedule and finances to ensure your success through the entire program.
3. Please describe your employment experience for the last five years, or attach a current resume.

Please indicate your schedule preference. Please note that the first twenty seats will be filled at a first come, first serve basis. The remaining seats will be determined by the Administration on a special needs base.

____ **SEPTEMBER 2004 program**

Monday & Tuesday (8:30-5:30)
Wednesday Morning (8:30 - 12:30)
Every other weekend (8:30-5:30)
July and August off

____ **JANUARY fast track program (18 months)**

Monday & Tuesday (8:30-5:30)
Wednesday Morning (8:30 - 12:30)
Every other weekend (8:30-5:30)
July and August:
Monday to Friday (8:30-5:30)

Office Use Only

____ References

____ Resume

____ Question Sheet Attached

____ Introduction Workshop Attended

____ \$50 Application Fee

____ Copies of Diploma, Degree and/or transcript

Ready to Review

Date Received: _____