



Program Application

Massage Therapy Diploma Program

ICT Kikkawa College
 2340 Dundas St. W., Unit G-04,
 Toronto, ON M6P 4A9
 Admissions: 416-762-4857 ext. 235
 Toll free: 888-890-5888 ext. 235
 Fax: 416-762-5733
 E-mail: kcadmissions@ictschools.com

ICT Northumberland College
 1888 Brunswick St. 5th Floor,
 Halifax, NS B3J 3J8
 Admissions: 902-425-2869 ext. 227
 Toll free: 888-862-2230 ext. 227
 Fax: 902-425-2858
 E-mail: ncadmissions@ictschools.com

ICT Schools (Moncton)
 11 Brandon Street
 Moncton, NB E1C 9Z6
 Admissions: 506-872-4255
 Toll free: 888-890-5888 ext. 241
 Fax: 506-872-4255
 E-mail: admissions@ictschools.com

PROGRAM CHOICE

Have you previously applied to ICT Schools? yes no

Message Therapy Diploma Program	<input type="checkbox"/> 82 week full-time (Sept. start)	<input type="checkbox"/> 73 week full-time (Jan. start)	<input type="checkbox"/> p/t (Sept.)	<input type="checkbox"/> p/t (Jan.)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name	

PERMANENT ADDRESS

It is the applicant's responsibility to provide accurate and current contact information.

Apt. No.	Street No.	Street Name		City	
Prov./State	PC/ZIP	Country	E-mail Address		
Area Code	Telephone (Home)	Area Code	Telephone (Work)	Ext.	Fax

MAILING ADDRESS

If your mailing address is the same as your permanent address check this box if not complete this section.

Apt. #	Street #	Street Name		City
Prov/State	PC/ZIP	Country		

PERSONAL INFORMATION

Sex: M F Social Insurance Number (SIN): _____ / _____ / _____ Date of birth _____ / _____ / _____
DD MM YYYY

Status in Canada: Canadian Citizen Permanent Resident Student Visa

Note: Students attending under *Student Visa* must present a valid visa at time of registration.

Emergency contact:	Name	Telephone Number	Relationship
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EDUCATIONAL INFORMATION

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the College you are applying to.

Name/Type of Institution	Dates Attended		Area of Study	Type of Certification Received (certificate, diploma, degree)
	from	to		

EMPLOYMENT HISTORY

Will you be a secondary school graduate by the first day of school? yes no

Name of Company	Period of Employment		Position	Contact person	Telephone No.
	from	to			

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and/or a brief letter outlining your reasons for your choosing massage therapy or esthetics spa therapy as a career path.

APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents.

When submitting your application ensure that:

- | | |
|---|--|
| <input type="checkbox"/> the entire application form is completed, signed and dated, | <input type="checkbox"/> you included any additional information relevant to the application process, |
| <input type="checkbox"/> all original transcripts are forwarded by the educational institution directly to the College, | <input type="checkbox"/> you included a non-refundable application fee in the amount of \$75.00 + GST/HST (for Ontario \$78.75 and for Nova Scotia & Brunswick \$84.75).
Do not send cash. |

PREREQUISITE COURSES

Once the application has been reviewed by the Admission's Committee as a condition for acceptance into the Massage Therapy program, a candidate may be required to take one or both pre-admission courses. These courses have been designed to help students with little or no background in studying in the sciences.

For course scheduling and cost please contact the Admission's Officer at the College.

PRIVACY STATEMENT

Information collected on this form and from supporting documentation is required to be obtained from applicants under the Private Career Colleges Act and related legislation. This information is to be used for the purposes of admitting applicants to an ICT Schools' program. Once an applicant has been admitted to an ICT School as a registered student, the information collected will be used in the conduct of the school's normal operations. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant/student.

DECLARATION

I hereby apply for admission to ICT Schools. I understand that the application fee covers the cost of processing the application.

Applicant's Signature

Date