



# Program Application

Massage Therapy Diploma Program  
 Esthetics Spa Therapy Diploma Program

Please indicate which location you are interested in attending.

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](mailto:kcadmissions@ictschools.com)

ICT Northumberland College  
 1888 Brunswick St. 5<sup>th</sup> 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](mailto:ncadmissions@ictschools.com)

## PROGRAM CHOICE

Have you previously applied to ICT Schools?  yes  no

Massage 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.)
Esthetics Spa Therapy Diploma Program	<input type="checkbox"/> 6 month program (Sept—Feb.)	<input type="checkbox"/> 6 month program (Mar.-Aug.)	<input type="checkbox"/> p/t (Sept.)	<input type="checkbox"/> p/t (March)

<input type="checkbox"/> Mr.	Last Name		First Name		Middle Name
<input type="checkbox"/> Mrs.					
<input type="checkbox"/> Ms.					

## 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.	Area Code 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: \_\_\_\_\_ Visa Exp Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Country of Citizenship DD MM YYYY

### Person to contact in case of an emergency:

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 an application fee in the amount of \$75.00 + GST/HST (for Ontario \$78.75 and for Nova Scotia \$84.75). <b>Do not send cash.</b>
<input type="checkbox"/> your included a photocopy of your birth certificate,	
<input type="checkbox"/> you included a photocopy of your SIN card,	

## 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. No prerequisite courses are necessary for the Esthetics Spa Therapy Program.

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

## PRIVACY STATEMENT

Information collected on this form 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/

## DECLARATION

I hereby apply for admission to ICT Schools. I understand that the application fee covers the cost of processing the application. I certify that the information submitted in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*