

ALBERTA MASSAGE TRAINING

202 - 9914-109 Ave

Grande Prairie, AB T8V 1R6

Phone 780-402-7735 / FAX 780-513-1362

Toll Free: 1-877-768-8400

E-mail: pmtti@telus.net

APPLICATION FOR ADMISSION

This application in no way obligates the applicant or the Alberta Massage Training.
Location interested in (please choose one)

- Grande Prairie Fort McMurray Edmonton Calgary Lloydminster
PROGRAM Swedish Relaxation Massage Massage Therapy

NAME and ADDRESS (Please Print Clearly)

DATE: _____

NAME: _____

MAILING ADDRESS: (permanent address, where all correspondence will be mailed).
Please notify the P.T.I. of any changes.

Mailing Address: _____

Town/City: _____

Province: _____ Postal Code: _____

Email: _____ Home Phone: _____ Work: _____

SOCIAL INSURANCE NUMBER: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Full Name: _____ Phone # _____

Mailing Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Relationship to you: _____

Program length _____ Dates attended _____

EMPLOYMENT HISTORY (start with your most recent position)

1. Name and Address of Company _____
Position: _____ Full/Part-time: _____
Dates: _____ Duties: _____
Reason for leaving: _____
2. Name and Address of Company _____
Position: _____ Full/Part-time: _____
Dates: _____ Duties: _____
Reason for leaving: _____
3. Name and Address of Company _____
Position: _____ Full/Part-time: _____
Dates: _____ Duties: _____
Reason for leaving: _____

CAREER PLANNING

In your own words describe your career goals. (add additional sheets if necessary)

REFERENCES

Name: _____ Relationship: _____ Phone: _____
Email address: _____

Name: _____ Relationship: _____ Phone: _____
Email address: _____

PROGRAM INFORMATION FOR Alberta Massage Training

Do you need more information about the Alberta Massage Training at this time?

Yes No

Specify what you need to know

DECLARATION

I certify that the information given is correct and complete. I understand that falsifying documents or information on this application will result in permanent dismissal from the Alberta Massage Training. I agree that all documents required for admission become the property of the Alberta Massage Training and that they will not be returning to me. If admitted, I agree to comply with all rules and regulations of the Alberta Massage Training.

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Date Received: _____

Comments: _____
