



**500 Hour  
Massage Therapy Program  
Application Packet**

For Office Use Only:

Student: \_\_\_\_\_ Start Date: \_\_\_\_\_ Day / Evening

# Application for Admission

## 500 Hour Massage Therapy Program

### Personal Information *(Do Not Leave Any Blanks): Please Type or Print Clearly*

Today's Date: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_

Phone # & relationship: \_\_\_\_\_

### Educational Information

General Equivalency Diploma (GED):  Yes  No

High School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate:  Yes  No

College or Vocational Training *(Attach additional sheet if necessary):*

Name of School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate:  Yes  No

Name of School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate:  Yes  No

**Employment Background:**

Current Employer: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Autobiography-Answer the following on a separate sheet of paper:**

1. Discuss your purpose for enrolling in this program and what you hope to gain from it. What are your personal goals; your professional goals? Do you plan to make massage therapy your career in the future? Full or Part-time?
2. Briefly describe your work experience/life experience during the past five years (you may include a resume).
3. Describe any training or prior experience you've had in massage or other related practices – either through workshops, formal training, or apprenticeships.
4. Have you received a professional massage or other form of bodywork before? Give approximate number of sessions in the past two years and describe your impression of the experience.
5. Explain your plan for budgeting the time needed to meet the requirements of the program, both in and out of class.
6. How will the program fit into the other aspects of your life? Are your family and friends supportive?
7. Describe your financial situation and how you plan to meet your tuition requirements. Please be specific.
8. Have you ever been convicted of a crime (other than minor traffic offenses)? List dates and details.

*Note: A conviction record may not result in disqualification. The circumstances of each case will be considered.*

9. How did you find out about Essentials Therapeutic Massage School? Why did you choose this school?

**Application Agreement:**

I certify that all of the above information, and any other information provided by me in this application packet, is correct to the best of my knowledge. If accepted as a student at Essentials Therapeutic Massage School, I agree that I will abide by the entire rule stated in the ***Student Policy Handbook***, which I have reviewed prior to signing this application. I further understand that the Institute will not release to any licensing board or other school, any certified hours or transcripts unless all financial and contractual obligations have been met. If I withdrawal at any time and have met my obligations, Essentials Therapeutic Massage School will provide me with a certified transcript of my completed hours within 30 working days. In addition, the Refund Policy of Essentials Therapeutic Massage School has been fully explained to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Release Form

In consideration of the permission granted to me to participate and appear in a visual production produced by or for the Essentials Therapeutic Massage School,

I hereby give my consent to prepare, use, reproduce, publish and exhibit my name, picture, portrait, likeness or voice, or any or all of them, in connection with the production of still photography, motion picture, television tape, or sound track recording in any manner for educational, scientific, informational, advertising/marketing or any other purpose deemed necessary.

I hereby waive any right that I may otherwise have to inspect or approve the finished product, or the use to which it may be put. I also release, discharge and agree to hold harmless the parties to whom this consent and waiver is given from any liability by virtue of any blurring, distortion, alteration, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said pictures or in any processing, or in the publication and distribution. I understand that I shall receive no compensation whatsoever in connection with the foregoing beyond my opportunity to participate and I hereby waive all rights of privacy in connection with the use of my name, picture, portrait, likeness or voice. I also waive any and all rights, whether explicit or implied, in the material and consent without reservation to the Station using, distributing or otherwise making available the material to other parties as it sees fit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# Health History Form

*Note: The Massage Therapy Program at Essentials Therapeutic Massage School is a demanding and rigorous process by its very nature. This Health History Form will assist the school in evaluating whether the applicant has the physical, mental and emotional resources necessary for a successful experience in the training program.*

*All information disclosed will remain confidential; this form will be kept in the student's permanent file.*

***Please attach an additional sheet of paper when answering questions 1-10:***

## **CHECK ANY OF THE FOLLOWING WHICH MAY APPLY:**

Muscular/Joint Problems  Allergies  Headaches/Migraines

Spinal/Skeletal Problems  Diabetes  Digestive Problems

Skin Conditions  Varicose Veins  High/Low Blood Pressure

Swelling/Edema  Heart Conditions  Environmental Sensitivities

1. Describe any past injuries, accidents, traumas or surgeries you have experienced. Please list approximate dates for each, and the treatment(s) you received.

2. Describe any and all diagnosed medical conditions you currently have. Be specific and detailed.

List when the condition was diagnosed, and any treatment(s) you are currently receiving.

3. Are you currently under a physician's care (medical doctor, chiropractor, osteopath, and naturopath)?  if yes, list each provider's name, address and phone number.

4. List any prescription medications you are taking for these conditions.

5. Do you have any known history of physical or sexual abuse?  Have you been treated for alcohol, drug or substance abuse?  If yes, list any counseling or treatment you have received, along with the dates of treatment and the name of the provider.

6. Describe any and all diagnosed psychological or emotional conditions you currently have. Please be specific and detailed. List when the condition was diagnosed and any course of treatment you have received previously for this condition OR treatment you are currently receiving.

7. List any prescription medications you are taking for these conditions.

8. Are you working with a counselor, psychologist, psychotherapist, social worker or psychiatrist at present?\_\_\_ If yes, list each provider's name, address and phone number.

9. Do you have any diagnosed learning disabilities?\_\_\_ List the condition, along with the treatment.

10. Describe any difficulties/challenges you have with either classroom learning or at-home study work.

*I verify that I have considered my health and my ability to complete a program in massage therapy at*

*Essentials Therapeutic Massage School, and will not hold Essentials Therapeutic Massage School liable for any preexisting conditions that may limit my ability to perform massage. I have completed this form as part of the Application Packet to the best of my knowledge and I state that the information given here is true and correct.*

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Print Name Date

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Applicant Signature

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Witness