



This Enrolment application is subject to the Private Career Colleges Act, 2005 and the regulations made under the Act.

Student #:	Application #:	Date Received:
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APPLICANT: Last Name:	Given/First Name:
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Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (dd/mm/year)	Country of Birth:
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Primary Language of Student:

Students Full Mailing Address

P.O. Box:	Apt./Unit/Suite:	Street Number:
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Street Name:	City/Town:	Country:
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Province/State:	Postal Code:	Other Information:
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Passport #	Phone	Email
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AGENT NAME: (if applicable)

	Agent Email:	Agent Telephone:
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FULL MAILING ADDRESS:

Contact Person in Canada

First and Last Name:

Contact Person in Canada Mailing Address:

City:	Province:
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Postal Code:	Email:	Telephone:
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PROGRAM: Esthetics Diploma Program

Date Program Commences:

Fall

Winter

Summer

Important: All Documentation Listed Below Must Accompany this Application

- Have a Secondary School Diploma or equivalent or greater including a English grade 12 credit from a Canadian Secondary school And at least two (2) senior level (grade 11+) science and/or physical education credits with a mark of 65% or higher.

A non-Canadian post secondary diploma/degree/certificate that has been assessed as equivalent to a Canadian post secondary diploma or degree by a recognized assessment service.

- Academic Documents: translated and notarized transcripts from high school (secondary school) and higher education institute (if applicable) by one of the approved services below:

❖ World Education Services - [www . wes.org](http://www.wes.org)

❖ International Credential Assessment Service Canada [w w w . icascanada.ca](http://www.icascanada.ca)

❖ University of Toronto Comparative Education Services www.learn.utoronto.ca/ces

- Official IELTS / TOEFL results or English grade 12 credit from a Canadian secondary school (if applicable) Proof of English proficiency is required.

Mature Student applicants must be at least 19 years of age and pass a Superintendent approved qualifying test in English and provide Official IELTS/TOEFL results of a grade 12 equivalency.

- A brief written assignment to accompany enrollment application.
- Copy of Passport, Picture and address pages.

* Academic documents described above must be attached

SUBMISSION:

Submit the Application Form with documents by email in **PDF format** to:

registrar@wellspringcollege.com

Originals may be required upon request.

**FEES: International Application Fee: \$150 non-refundable
Payable with application.**

The following Tuition Fees will be required at a later date:

Program Tuition Fee: \$ 8500	Admission Test/ Assessment Fees: \$ 200
Application Fee: \$ 150	Book Fee: \$ 137
Equipment Fee: \$ 145	Health Insurance Fees: \$ 440

*Insurance Rates May Vary

Freedom of Information and Protection of Privacy Act: The information on this form is collected under the legal authority of the Ministry of Education and Training. R.S.O. 1990, cM19:R.R.O 1980, Reg 770. It is used for administrative and statistical purposes.

Receipt Email Address: _____

For information regarding cancellation of this Enrolment Application and refunds of fees paid, see sections 25 to 33 of O. Reg. 415/06 made under the Private Career Colleges Act, 2005.

The undersigned student hereby undertakes and agrees to pay the fees specified in this Enrolment application in accordance with the terms of this Enrolment application.

Name: _____ Date: _____

Passport Number _____ Country: _____

SIGNATURE [First and Last Name]: _____

DECLARATION / RELEASE OF INFORMATION

I declare that the above information is true and complete. I acknowledge and understand that any false information submitted in support of my application will invalidate my application and will result in withdrawal of the "Letter of Acceptance" and or registration. This may take place at any time during my enrolment and information will be given to Canada Immigration.

INITIALS: _____

ACKNOWLEDGEMENT:

I have downloaded and read the Student Application Handbook. INITIALS: _____

WELLSPRINGS COLLEGE OF MASSAGE THERAPY & ESTHETICS

13085 Yonge Street, Suite 205
Richmond Hill, Ontario Canada L4E 3S8
+01 (289) 234- 9141 registrar@wellspringscollege.com

PAYMENT METHOD:

METHOD OF PAYMENT

Certified Cheque Money Order Bank Transfer By fax +01 (289)234-5889

Payable to Wellsprings College and submit it to 13085 Yonge Street, Suite 205, Richmond Hill Ontario Canada L4E 3S8

Credit Card Type: Visa Mastercard Amex

OR

Agent will provide payment on my behalf

Credit Card Number: _____

Full Name on Card: _____

Billing Address: _____

Expiry Date: _____ **CVV# on Back of Card (3 digits)** _____

Authorized Amount: _____

Signature of Cardholder: _____

Further Instructions:

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Richmond Hill, Ontario Canada L4E 3S8
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International Student Consent Form

Notice of Collection of Personal Information and Consent **(Ontario Ministry of Training, Colleges and Universities)**

International students seeking a study permit to attend a postsecondary learning institution in Ontario must attend a postsecondary institution designated by Ontario for the purposes of the *Immigration and Refugee Protection Regulations* (Canada). This is often referred to as the International Student Program (“ISP”).

Under the ISP, private postsecondary institutions are designated by Ontario on an annual basis. As a result, private postsecondary institutions that wish to remain designated apply for designation annually.

At the time that you are asked to read and sign this document, you are (1) applying to be enrolled in an institution that is applying for designation for the first time, (2) applying to be enrolled in a designated institution, or (3) enrolled in a designated institution. If you are enrolled in an institution that is currently designated, the institution may be applying for further designation annually.

When reviewing an institution’s application for designation under the ISP, Ontario’s Ministry of Training, College and Universities (the “Ministry”) conducts a site assessment to verify the information in the institution’s application with respect to its educational policies and procedures. The Ministry may also monitor institutions that are designated to determine whether those institutions are complying with the terms and conditions of designation.

As part of the site assessment and the Ministry’s ongoing monitoring of designated institutions, the Ministry reviews a representative sample of student and prospective student records, such as student and prospective student contracts, registration forms, records of enrollment, documents pertaining to academic assessment and progress, and other documents contained in the student or prospective student file. The Ministry also may need to make copies of student and prospective student records in order to complete its review of the institution’s (1) application for designation or (2) ongoing compliance with the terms and conditions of designation.

Your consent is requested to allow the Ministry to access the personal information you have provided to the institution that may be contained in your student records. Without your consent, the Ministry cannot access your records as may be required in order to assess the institution’s application for designation or ongoing compliance with designation conditions.

The Ministry collects and uses this information under the authority of ss. 38(2) and 39(1)(a) of the *Freedom of Information and Protection of Privacy Act* and the *Immigration and Refugee Protection Act* (Canada) and its *Regulations*. Questions about the collection, use and disclosure of this information may be addressed to:

Manager, Operations and Projects Unit
Private Career Colleges Branch
Ministry of Training, Colleges and Universities
77 Wellesley Street West, P.O. Box 977
Toronto, Ontario M7A 1N3
416-314-0500 or ISP@ontario.ca

CONSENT

By signing below, I hereby consent to: (check boxes that apply)

the Ministry’s collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution’s current and future applications for designation under the International Student Program

the Ministry’s collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution’s ongoing compliance with the terms and conditions of designation, if it is designated by Ontario

Name: (PRINT) _____

Signature _____

