

WELLSPRINGS COLLEGE of MASSAGE THERAPY & ESTHETICS

4.15

6234844 Canada Inc
330 Hwy 7 East, Suite 305, Richmond Hill, Ontario L4B 3P8 905.707.9141

ADMISSIONS APPLICATION

This Application is subject to the *Ontario Career Colleges Act, 2005* and the regulations made under the Act.

The undersigned person hereby applies to register as a student of Wellsprings College as of DATE:

for the following program: DIPLOMA IN MASSAGE THERAPY pending Full Accreditation.



NAME OF APPLICANT Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ ALT ☐

LAST: _____ First _____

CANADIAN NAME _____

NAME of Diploma Program: **MASSAGE THERAPY** pending full Accreditation

Commencing on _____ for a period up to: _____

Credential to be Awarded Upon Successful Completion of the Program: DIPLOMA

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Alternative Phone _____

Permanent Address _____

City _____ Province _____ Postal Code _____

Country _____

Phone _____ Email Address _____

Date of Birth: _____

International Student

☐ Yes ☐ No ☐ Canadian Citizen ☐ Landed Immigrant ☐ Student Visa

Address _____

City _____ Province _____ Postal Code _____

The language of instruction is "English."---

Please rate your English skills by checking the boxes below:

English Skill	Excellent	Very Good	Average	Needs Improvement
<i>Speaking</i>	☐	☐	☐	☐
<i>Reading</i>	☐	☐	☐	☐
<i>Writing</i>	☐	☐	☐	☐

Location of Practicum: 13085 Yonge Street, Suite 205, Richmond Hill, Ontario

Class Schedule: Monday to Friday

Admission Requirements

- ☐ Have an Ontario Secondary School Diploma or equivalent, verify by submission of an official transcript i) a brief on-site written assignment and personal interview to ensure compatibility with level of education to be provided.
- ☐ General Education Development (GED) Certificate – verified by submission of official documentation and
- ☐ **Education:** *(please provide original transcripts)*
 - ☐ High School
 - ☐ College
 - ☐ University
 - ☐ Other (please specify): _____
- ☐ **Science Background:** *(please provide transcript for confirmation)*
 - ☐ Two senior level (Grade 11 or higher) science and/ or physical education credits Biology
- ☐ Students with Special Needs (additional Form and documentation required, request Student Learning Accommodation Request FORM Documentation must be provided by applicant.
- ☐ Be at least 19 years of age and been out of school for at least one year (proof of age submitted) and i.) pass a Superintendent approved qualifying test, in addition ii.) to a personal interview to determine suitability for the program iii.) and a brief on-site written assignment and personal interview to ensure compatibility with level of education to be provided. Indicate level of education above.
- ☐ Mature Student: must be at least 21 years of age as of the first official day of classes (proof of age submitted) and i.) pass a Superintendent approved qualifying test, in addition ii.) to a personal interview to determine suitability for the program and a iii.) brief on-site written assignment.

An English translation of any foreign credential is required and a **comparative assessment** by one of the pre-approved foreign assessment service providers below:

- * World Education Services – wes.org
- * University of Toronto, School of Continuing Studies, Comparative Education Service – learn.utoronto.ca/ces
- * International Credential Assessment Service of Canada – icascanda.ca

Please attach copies of education credentials.

Please Note: Upon registration, in order to complete the Student Enrolment Contract, you must provide:

- Medical Note from a physician indicating that the applicant is “in good health and free from all communicable disease and is physically and mentally capable of undertaking this program”.
- A Criminal record & vulnerable persons Sector Check from a Canadian policing authority.

Tuition Financing:

- ☐ Private
- ☐ Other (please specify): _____

By signing below, I acknowledge that I am making application to enrol in a program which is not yet received full approval or accreditation as required by the regulator of the profession. I have received and reviewed the Enrolment package required by the Policy Directive for Career College Programs That Require Regulator Approval or Accreditation. I understand the implications and risks to students of enrolling in a program pending approval or accreditation including how the status of the program may affect a student's entry into practice after graduation. I understand I may contact the regulator directly if I have additional questions.

Fees

Optional fees (specify) CAN\$ _____

(Signature of Student Applicant)

Date _____

It is understood that fees are payable in accordance with the fees specified in this application and all payments of fees shall become due forthwith upon signing the Enrollment Contract after Acceptance into the program and a statement of accounting being rendered. Wellsprings College reserves the right to cancel the Enrollment Contract if the undersigned student does not complete the registration and enrollment process or does not attend classes during the first 14 days of the program begins.

Upon acceptance of this application and to be fully enrolled in the program you must sign an Enrollment Contract, provide two passport sized photos for student ID card, provide a doctors note stating you are in "good health and free of all communicable diseases and physically and mentally capable of undertaking the program " and provide a current Criminal record & vulnerable persons Sector Check.

