

Application for Consideration

Mail, email, fax, or bring your application packet to:

The Body Therapy Center and School of Massage
Four Executive Woods Court
Swansea, IL 62226
Fax: 618-239-6444 Email: tamara.bivin@swic.edu
Phone: 618-239-6400

Name _____
First Middle Last

Name you prefer to be called _____ Age _____ Date of Birth _____

Address _____
Street/PO Box Apt#
City State Zip code

Daytime Phone Number _____ Email _____

Female ___ Male ___ Social Security Number (last 4) _____ SWIC Student ID _____

In case of emergency, the school may contact:

First Name Last Name Street Address Apt#

City State Phone# Relationship to Applicant

Please answer the following questions.

1. Approximately how many informal massages have you given to friends and family? _____
2. Approximately how many professional massage therapy sessions have you received? _____
3. How many months or years ago did you first consider becoming a massage therapist? _____
4. Which class would you like to attend? _____ SWIC _____ Private Fast Track _____ Private Mastery

5. Have you ever received counseling or psychiatric care? _____yes _____no

If yes, please explain:

6. Have you been a member of the military service? _____yes _____no

If yes, give branch and dates of service:

7. Significant Illness and Injuries

Date Illness Began or Date of Injury	Brief Description	How is this currently affecting your daily life?	Current treatments and medications

8. Do you believe that you are currently free of diseases that could easily be transmitted to others by giving or receiving massage therapy? _____yes _____no

9. Do you believe that you are currently physically capable of performing massage therapy? ___yes ___no

10. How did you hear about the school? _____

Essay

On a separate sheet of paper, please write your answers to the following questions.

Each answer should consist of a minimum of several sentences.

1. Why are you interested in becoming a massage therapist?
2. What skills and characteristics do you possess that will make you a good massage therapist?
3. In what kind of setting do you intend to practice massage therapy, and what kind of clients would you like to serve?

Education

	School Name, City, & State	Period of Attendance From To	Major or Type of Program	Diploma, Degree or Certificate
High School				
Vocational School				
College or University				
Other Institution				

If applicable, date of successful completion of GED Exam _____

Do you wish to request credit for prior learning related to massage therapy? ____yes ____no

Work Experience – Begin with current or most recent position.

Name of Employer	City & State	Title and Description of Position Held	Period of Employment

Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations)?
 ____yes ____no If yes, please explain:

I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for rejection or dismissal. I authorize the school to make appropriate inquiries when necessary to certify the accuracy of my records.

Applicant's Signature _____

Date _____