

Application Form

CONFIDENTIAL APPLICATION FORM FOR DIPLOMA COURSES

Please complete this form with as much information as possible to enable you and Midlands School of Massage & Bodywork to determine whether this is the right course for you. The absence of a particular experience or skill should not deter you from applying. Please continue on a separate sheet if necessary.

The information collected here is used for the sole purpose of applying for a Diploma course. If you would like to be added to Midlands School of Massage & Bodywork data base for future/new course information please check the following: Yes/No please add me to your data base.

Which course or courses are you interested in (Please tick)

Holistic Massage Diploma (FHT/MTI) ___ Holistic Sports and Remedial Massage (FHT/MTI) ___
Hot Sones Massage FHT ___

NAME: DATE OF BIRTH:

ADDRESS:

.....

.....POSTCODE.....

TEL NO: EMAIL:

PREVIOUS EDUCATIONAL EXPERIENCES: Please specify your qualifications and studies (most recent first):

Date	Subject/Qualifications	Educational Establishment

CURRENT AND PREVIOUS WORK EXPERIENCES, INC. VOLUNTARY WORK (most recent first):

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WHY ARE YOU INTERESTED IN THIS COURSE?

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WHAT HAS LED YOU TO CHOOSE COMPLEMENTARY THERAPY AS A FUTURE PATH?

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WHAT, IF ANY, ARE YOUR EXPERIENCES OF COMPLEMENTARY THERAPY? Please give dates of courses/workshops/studies attended and whether you have received complementary therapies.

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WHAT ARE YOUR HOPES AND EXPECTATIONS OF THIS COURSE? .

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HOW DO YOU HOPE TO USE YOUR DIPLOMA ?

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WHAT CURRENT STEPS DO YOU TAKE TO SUPPORT YOUR PERSONAL GROWTH (eg mindfulness, meditation, yoga, tai chi, dance, counselling, exercise etc)

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HOW DO YOU FEEL THIS COURSE WILL CONTRIBUTE TO YOUR PERSONAL GROWTH AND DEVELOPMENT?

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WHERE DID YOU HEAR OF THS COURSE?

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HAVE YOU READ THE COURSE ENTRY REQUIREMENTS SPECIFIED IN THE COURSE DETAILS?

Please delete: yes/no Do you comply with these requirements? Please delete: yes/no.

If no, or if you have any specific needs that Midland School of Massage & Movement needs to address, please comment:

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IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT YOURSELF?

SIGNED: DATED:

Thank you for completing this form. Please return it to: Julie Linton. Massage & Movement, 11 Sleaford Road, Hall Green, Birmingham B28 9QS

Tel: 0121 244 1846 or M: 07595 901 909. You will be contacted about your interview after receipt of this form.