

BODYWORKS MASSAGE INSTITUTE
Enrollment Application
812-490-9009

625-Hour Massage Training Program

Name _____ Social Security # _____

Address _____ City _____ ST _____ Zip _____

Phone (home) _____ (cell/pager) _____

email address _____ Birthdate _____

IN CASE OF EMERGENCY CONTACT

Name _____ Phone _____

Address _____ Relationship _____

EMPLOYMENT

Current Occupation _____ How Long? _____

Employer's Name _____ Phone _____

EDUCATIONAL BACKGROUND

Please supply copies of diplomas and/or equivalent

Highest Level: HS Grad _____ GED _____ Vocational _____ College Grad _____

	Name	Number of Years	Area of Study	Certificate/Degree
High School	_____	_____	_____	_____

College _____

Other _____

PERSONAL REFERENCES — Two Letters of Recommendation

Supply one personal and one professional letter of recommendation by someone not related to you including contact information: names, addresses and phone numbers.

Receiving a professional massage is a prerequisite to your interview.

Have you received a professional massage in the last 12 months? Yes _____ No _____

Please respond to these statements on a separate sheet of paper and return with this form.

1. How were you referred to us?
2. List any experience or training you have related to massage therapy or other health related service.
3. What is your motivation for studying therapeutic massage?
4. What are your academic strengths and weaknesses?
5. Write a brief description of your philosophy on health and healing.
6. Have you ever been convicted of a felony or arrested for any sexual offenses? _____Yes _____No
If yes, please explain.
7. Do you have any medical, physical or psychological conditions which may require special adaptation to effectively perform and receive massage techniques? _____Yes _____No
If yes, please explain.
8. Have you been treated for substance abuse in the last 5 years? _____Yes _____No
If yes, please explain.
10. What are your reasons for exploring therapeutic massage and why is this the next step for you?
11. What personal qualities and life experiences have prepared you for this program? (include any previous training, books read, workshops or schools attended, work experience, etc.)
12. What changes do you feel will occur in your life because of your decision to enter this program?

**A \$100 application fee sent with this form will hold your place in the upcoming class.
Is Fee Included? _____Yes _____No**

Your signature below indicates that the information on this signed form is true and accurate and is given without intent of misrepresentation. The school has my permission to make appropriate inquiries to certify the accuracy of my records.

Signature _____ **Date** _____

Please mail your application with application fee to:

**Bodyworks Massage Institute
2809 Lincoln Ave., Suite 110
Evansville, IN 47714**

Feel free to contact us through our website at www.bwmassage.com or 812-490-9009 with any questions you may have.