

BRISTOL COLLEGE of MASSAGE and BODYWORK



HOLISTIC MASSAGE PROFESSIONAL TRAINING COURSE

APPLICATION FORM

Please note this form is to gather information about you and your experience that might be relevant to professional massage training. The absence of a particular experience is not a problem and need not deter you from applying. Continue on a separate sheet if necessary.

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TEL : _____ Mobile: _____

EMAIL: _____

DATE OF BIRTH: _____

Educational Qualifications: _____

Occupation: _____

Start Date of Course Applied For: _____ Centre: Bristol/Worcester (Pls select)

Why are you interested in this course? _____

What special qualities would you bring to the course? _____

What, if any, previous knowledge do you have of Anatomy and Physiology?

Give details of any qualifications: _____

What, if any, previous experience do you have of giving massage?

Please give dates of workshops etc: _____

What previous experience do you have of receiving massage or related forms of bodywork (eg shiatsu, Rolfing, zero balancing)

How do you take care of yourself (eg exercise, Yoga, T'ai Chi, dance)? _____

Do you use counselling or psychotherapy to support your personal growth?

Please explain: _____

Have you suffered any major illness, loss or trauma in the last 2 years?

Please explain: : _____

How do you see the massage training contributing to your personal development? _____

Is there anything else you would like to say about yourself?: _____

Signed: _____ Date: _____

Thank you for completing this form. Please return it to either Bristol or Worcester and you will be contacted about an interview in the near future

For Bristol
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