



## HOLISTIC MASSAGE DIPLOMA – APPLICATION FORM

### 1. PERSONAL DATA

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL : \_\_\_\_\_ Mobile: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Educational Qualifications: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

### 2. MESSAGE

*NB. It is not a requirement to have previous knowledge or experience, but it is useful for us to know if you have.*

Why are you interested in this course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What special qualities would you bring to the training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)**

\_\_\_\_\_  
\_\_\_\_\_

### **3. PERSONAL DISCLOSURE**

*The purpose of asking these questions is to see if you are suitable for the massage course. All disclosed information will be held in the strictest confidence and will enable BCMB to develop appropriate support strategies for each learner.*

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

\_\_\_\_\_

**Do you use counselling, psychotherapy or other therapies to support your personal growth?**

**Please explain:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Please disclose any relevant factors, past and present that may affect your capacity to participate in the massage course and complete it successfully, especially:**

- a. **Short or long term physical condition, illness or ongoing issue**
- b. **Major surgery**
- c. **Mental health, emotional condition or ongoing issue**
- d. **Major loss or bereavement**
- e. **Specific learning needs**

**Please explain: :** \_\_\_\_\_

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**Arising from your response to question 3, what learning support might you need?** \_\_\_\_\_

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**Do you have any unspent criminal convictions? Please explain. NB. disclosure of a conviction will not necessarily bar you from entering the massage course.**

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

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

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*Please note that we may need to review a student's place on a course should relevant information come to light that had not been disclosed during the application and interview process.*

**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**

For **Worcester**

BCMB – HM Application  
109 Pembroke Road  
Clifton  
Bristol BS8 3EU

OR [enquiries@bristolmassage.co.uk](mailto:enquiries@bristolmassage.co.uk)

BCMB - HM Application  
Paddington House  
Salters Lane, Lower Moor  
Worcestershire WR10 2PQ

OR [worcester@bristolmassage.co.uk](mailto:worcester@bristolmassage.co.uk)