



## REMEDIAL & SPORTS MASSAGE PROFESSIONAL TRAINING COURSE

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

### PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\_\_\_\_\_

### PRE-REQUISITES FOR THE COURSE

Do you hold a recognized qualification in massage? Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

Do you hold a recognized qualification in Anatomy & Physiology? Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

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Are you applying through the BCMB introductory bridging programme?

Yes  No

Please give details of any other vocational qualifications that may be relevant:

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**OTHER INFORMATION**

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

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What special qualities would you bring to the course? \_\_\_\_\_

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What previous experience do you have of receiving massage or related forms of bodywork?  
(eg massage, sports massage, osteopathy, physiotherapy)

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How do you take care of yourself (eg exercise, sports, dance, yoga)? \_\_\_\_\_

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How do you see this 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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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing this form. Please return it to the address below and you will be contacted about an interview in the near future

**Send to:**

BCMB - RSM Application  
109 Pembroke Road  
Clifton  
Bristol BS8 3EU