

**Healing Hands School of Holistic Health**  
**APPLICATION FOR ADMISSION**

*Please complete each section of this application. Any falsification is grounds for rejection or for cancellation of enrollment agreement. This information is strictly confidential.*

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO I.D.

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**PERSONAL DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

HOME CELL WORK

Permanent Address: (if different) \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

ID#/CADL # \_\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male [ ] Female [ ] Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Race or Ethnic origin \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_ Alien Registration No. \_\_\_\_\_

Name as you want it to appear on your Certificate \_\_\_\_\_

Nearest Relative (Excluding spouse, or other relative living with you)

Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**Emergency Contact**

Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

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**HOW DID YOU HEAR ABOUT HEALING HANDS?** (check all that apply)

Signs \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

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**CURRENT EMPLOYMENT**

Are you currently employed? Yes \_\_\_ No \_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ How Long \_\_\_\_\_

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**EDUCATION and TRAINING**

High School \_\_\_\_\_ City and State/Country \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College \_\_\_\_\_ City and State/Country \_\_\_\_\_ Major/ Year of Graduation \_\_\_\_\_

Other Training \_\_\_\_\_ City and State/Country \_\_\_\_\_ Year/Date of Completion \_\_\_\_\_

Other Training \_\_\_\_\_ City and State/Country \_\_\_\_\_ Year/Date of Completion \_\_\_\_\_

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**REFERENCES** (Please fill in all information, and use references you have known for at least three years.)

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Name Mailing Address Street No. City State Zip Phone

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**PROGRAMS** (Check one)

- Program of interest:**  **MESSAGE THERAPIST PROGRAM**  
 **HOLISTIC HEALTH PRACTITIONER PROGRAM**  
 **INDIVIDUAL COURSE/CEU** \_\_\_\_\_ **(COURSE)**

Below or on a separate sheet of paper, explain your personal and professional goals and how they relate to your chosen field of study. Why are you choosing to attend this program? \_\_\_\_\_

What hours can you attend classes? \_\_\_\_\_ When can you begin your training? \_\_\_\_\_

Will you need financial assistance through a payment plan? Yes \_\_\_ No \_\_\_

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**OTHER**

Do you have previous experience in the health care industry? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any physical health problems that may interfere with your ability to give or receive massages? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime, including a DUI? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

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**IF YOU HAVE HAD A CONVICTION, PLEASE CONTACT THE SCHOOL DIRECTOR FOR GUIDANCE. PLEASE BE ADVISED THAT A CRIMINAL BACKGROUND CHECK MAY BE REQUIRED FOR LICENSURE IN SOME CITIES, COUNTIES AND STATES. CONTACT THE CITY AND COUNTY WITHIN WHICH YOU WISH TO WORK TO OBTAIN COMPLETE LICENSURE REQUIREMENTS.**

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**SPECIAL ACCOMMODATIONS**

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs: \_\_\_\_\_

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*Healing Hands School of Holistic Health reserves the right to deny admission to any applicant who does not demonstrate the ability to benefit from the training program. As a condition of enrollment in any program at Healing Hands, the applicant must be able to give and receive a massage.*

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**SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge. I also state that I have read and agree to abide by the policies stated in the School catalog. If accepted, I agree to uphold the ethical standards required of the profession for which I am being trained.

\* By signing this form I attest that I am physically and emotionally able to give and receive massage.

\* I can read and write basic English (8th grade Level)

**Applicant's Name:** (Please print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian:** (If applicant is under the age of 18) \_\_\_\_\_ **Date** \_\_\_\_\_

***Healing Hands School of Holistic Health does not discriminate on the basis of Race, Color , National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities. As a condition of enrollment, in any program at Healing Hands, students must be able to give and receive a massage. Healing Hands School of Holistic Health reserves the right to contact any or all of the individuals listed on this form.***