



## APPLICATION FORM

113 West Mission suite A ♦ Santa Barbara, California ♦ 93103 phone (805)569-3230 fax (805)569-3240

*Please fill out both sides completely. Submit with \$100 non-refundable application fee.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

TELEPHONE Home \_\_\_\_\_ Work \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER (M/F) \_\_\_\_\_

**(Please supply two copies of proof of age)**

EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

*Please use additional pages to fully answer all questions.*

1. **EDUCATION:** Previous schooling: High school, college, university, vocational school, other; please indicate graduation date and degrees awarded, if any.

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2. **EXPERIENCES:** Other experiences and training in massage-related areas (other forms of bodywork, psychology, helping professions, etc.).

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\_\_\_\_\_

3. **MESSAGE HISTORY:** SBBW requires applicants to have received a minimum of three professional massages during the two years prior to enrollment.

1. DATE \_\_\_\_\_ TYPE \_\_\_\_\_  
RESPONSE \_\_\_\_\_

2. DATE \_\_\_\_\_ TYPE \_\_\_\_\_  
RESPONSE \_\_\_\_\_

3. DATE \_\_\_\_\_ TYPE \_\_\_\_\_  
RESPONSE \_\_\_\_\_

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**4. INTENTIONS AND EXPECTATIONS:**

Why are you interested in studying massage?

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What are your personal intentions and/or goals regarding this training?

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What are your expectations of the class(es) in which you are enrolling?

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Is there anything else you feel we should know about your background or your needs?

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**5. REGISTRATION:**

For what class(es) are you applying? \_\_\_\_\_

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**(If you are applying for enrollment in an advanced class which requires previous training as a prerequisite, please provide two copies of relevant transcripts or certificates)**

How will you finance your training? \_\_\_\_\_

How did you hear about SBBW and what attracted you to doing your schooling here?

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By signing below you, the prospective student, are attesting to the information provided as being accurate to the best of your knowledge, and that you have filled out this application by yourself, without the assistance of another. Any questions regarding this application should be addressed to an administrator of Santa Barbara Bodyworks.

Signature \_\_\_\_\_