



# Student Application Form

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

NCLMBT # \_\_\_\_\_ Current Employer: \_\_\_\_\_

Select classes of your interest:

- |                         |                          |                          |
|-------------------------|--------------------------|--------------------------|
| Thai Table Oil Class    | YES                      | NO                       |
|                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Thai Reflexology Class  | YES                      | NO                       |
|                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuad Thai Massage Class | YES                      | NO                       |
|                         | <input type="checkbox"/> | <input type="checkbox"/> |

## Background & Experience

How long have you been practicing as a massage therapist? \_\_\_\_\_

If not a therapist, what do you do? \_\_\_\_\_

What modality do you do?

- |                     |                          |                          |
|---------------------|--------------------------|--------------------------|
|                     | YES                      | NO                       |
| Swedish massage     | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Deep Tissue massage | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Sports massage      | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Prenatal massage    | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Postpartum massage  | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Facial massage      | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | YES                      | NO                       |
| Yoga                | <input type="checkbox"/> | <input type="checkbox"/> |

Others: \_\_\_\_\_

\*This form helps the instructor to know more about student's strength to achieve the best learning outcomes in the class.