



MOG
CAREER COLLEGE

Basic Relaxation Massage Program
International Application
Cold Lake Campus
Fall 2022

ALBERTA STUDENT ENROLMENT CONTRACT FOR LICENSED VOCATIONAL TRAINING

PART A: INSTITUTION INFORMATION

Legal Entity

MCG Career College Inc.

Operating Name

MCG Career College

Unit Number

#220

Street Number

4774

Street Name

Westwinds Drive NE

City

Calgary

Province

Alberta

Postal Code

T3J 0L7

Country

Canada

Phone Number

1(888) 261-8999

Website

www.mcgcollege.com

E-Mail

info@mcgcollege.com

PART B: STUDENT INFORMATION

Last Name

First Name

Middle Name

Gender (Optional)

Unit Number

Street Number

Street Name

City

Province

Postal / ZIP Code

Country

Home Phone Number

Mobile Phone Number

E-Mail

Date of Birth

Alberta Student Enrolment Number / ASN

Former Surname (if applicable)

Also Known As (if applicable)

Aboriginal Status (Optional)

Legal Status (Optional)

International Student

PART C: PROGRAM INFORMATION

Program Name

Basic Relaxation Massage Therapy

Program Start Date

September 10, 2022

Program End Date

March 18, 2023

Program Length

1008

Hours 28

Weeks

Delivery Mode

Full Time

If other, please provide a brief explanation

Program Cost

Tuition Fees (incl. Registration Fee): 16,200.00 Cdn

Supply / Kit Fees: 200.00 Cdn

Registration Fee: 500.00 Cdn

Other Fees (please specify): _____

Books: 575.00 Cdn

Total Program Fees: 16,975.00 Cdn

Privacy Notice: Alberta Advanced Education is collecting your personal information pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 for the purposes of monitoring this program and the operations of private career colleges; tracking student mobility in, and strategic planning of, Alberta's post-secondary education system; and conducting research surveys with graduates of licensed programs in accordance with the *Private Vocational Training Act*, R.S.A. 2000, c. P-24. For further information or if you have questions regarding the collection, please contact the office of the Director, Private Career Colleges, Alberta Advanced

Education, 10155 102 Street, Edmonton AB, T5J 4L5, 780-427-5609.

PART D: ACKNOWLEDGEMENT OF TERMS

Please visit <https://open.alberta.ca/publications/p24> to access the *Private Vocational Training Act* and the *Private Vocational Training Regulation*.

Please initial beside each statement to acknowledge that you agree to the following

Institution / Program Information

I reviewed the *Student Rights and Responsibilities* section of the Private Career Colleges Branch's website located at <https://www.alberta.ca/student-rights-responsibilities.aspx>. Initial Here

I acknowledge that the institution did not guarantee that completing this Program will lead to employment or specific wages/salary. (Section 22(1)(b) of the *Private Vocational Training Regulation*). Initial Here

I contacted potential employers and any relevant regulatory/professional bodies to determine if they will recognize this Program for employment and/or certification in a related field. Initial Here

I received the Program outline, a written description of the Institution's rules and policies, and information about the most recent graduation and job placement rates for this Program. Initial Here

I toured the Institution and viewed the facilities and equipment available to students. Initial Here

I know how the Institution will deliver this Program (e.g. self-directed learning, online, traditional lecture). Initial Here

I acknowledge that the Institution must provide me with a copy of this contract after I sign it. Initial Here

Admission Requirements

I provided the Institution with the appropriate documentation to show that I meet the admission requirements for this Program. Initial Here

Applicable if under 16 years of age: I confirm that the Institution has obtained written approval from the Director of the Private Career Colleges Branch for me to enrol in this Program. (Section 12(3) of the *Private Vocational Training Regulation*). Initial Here

Withdrawals/Terminations

I am aware that the Institution must terminate my enrolment in this Program by providing me with written notice (Section 13(1) of the *Private Vocational Training Regulation*). Initial Here

I understand that I must provide written notice to the Institution if I wish to withdraw from the Program and terminate this contract (Section 13(1) of the *Private Vocational Training Regulation*). Such notice must be provided in a manner that I can verify the date the notice was delivered to the Institution. Initial Here

I understand that this contract is terminated on the date that the written notice is delivered (Section 13(3) of the *Private Vocational Training Regulation*). Initial Here

I understand that I must notify my funding source of my withdrawal or the termination of this contract if I am receiving student financial assistance. Initial Here

Fee Payments and Tuition Refunds

I have reviewed the *Tuition Refunds* section of the Private Career Colleges Branch's website located at <https://www.alberta.ca/tuition-refunds.aspx>. Initial Here

I understand that the Institution may charge me a registration fee of up to \$500, which it must credit toward my unpaid tuition fees (Section 14 of the Private Vocational Training Regulation). The Institution may retain this fee if I do not attend the Program unless:

- I terminate this contract within four business days of signing it (Section 15 of the Private Vocational Training Regulation).
- The Institution terminates this contract before the Program begins (Section 16(2) (a) of the Private Vocational Training Regulation).
- The Program does not begin by the start date in Part C of this contract and I choose to terminate this contract as a result (Section 16(2)(b) of the Private Vocational Training Regulation).

Initial Here

I understand that the school cannot require or accept payment of the registration fee until I have signed this student contract and cannot accept payment of any other tuition or any incidental fees before my Program begins (Section 14(2) of the Private Vocational Training Regulation).

Initial Here

I understand that if this contract is terminated after the Program begins, the Institution is entitled to the payment of tuition fees as outlined in Section 17 of the Private Vocational Training Regulation, which is as follows:

- 25% of the total tuition fees as identified in *Part C: Program Cost* of this contract if 10% or less of the Program is provided
- 60% of the total tuition fees as identified in *Part C: Program Cost* of this contract if more than 10% but less than 50% of the Program is provided
- 100% if more than 50% of the Program is provided.

Initial Here

I understand that if I paid more tuition than the Institution is entitled to under Section 17(1), the Institution must refund me the difference.

Initial Here

I understand that any refund that the Institution is required to pay will be paid to the source of payment for my tuition fees (i.e. the student, Government, agency, or person other than the student) and/or to any outstanding student loan where applicable (Section 21 of the Private Vocational Training Regulation).

Initial Here

I understand that the Institution may withhold my credential if I do not pay my fees in full at the time of graduation.

Initial Here

Student Complaints

I have reviewed the *Student Complaints* section of the Private Career Colleges Branch's website located at <https://www.alberta.ca/student-complaints.aspx>.

Initial Here

I will first address any concerns I have regarding the Program through the Institution's student complaint process.

Initial Here

If my complaint is not resolved through the Institution's student complaint process, I have 6 months from my last date of attendance in the Program to contact the Private Career Colleges Branch, Alberta Advanced Education by visiting www.privatecareercolleges.ab.ca/studentcomplaints.

Initial Here

Student Information

Upon graduation, I agree to provide the Institution with information regarding my employment status, and my employer's name and telephone number.

Initial Here

I acknowledge having read the Privacy Notice relating to the collection of personal information by Alberta Advanced Education in Part C of this contract.

Initial Here

SIGNATURE

By signing this contract, I agree to the terms of this contract and I authorize Alberta Advanced Education to collect the information in Part A of this contract, my graduation and employment status, and my employer's name and contact information from the Institution and I consent to the Institution providing this information to Alberta Advanced Education for the purposes of reporting on graduation and job placement information for this Program; monitoring operations of private career colleges; tracking student mobility and strategic planning of Alberta's post-secondary education system; and for conducting satisfaction and outcomes research surveys with graduates of licensed programs offered by private career colleges.

Signature of Student

Printed Name of Student

Date

Signature of Witness

Printed Name of Witness

Date

By signing this contract, the Institution agrees to offer the Program as licensed in accordance with the *Private Vocational Training Act* and Regulation.

Signature of Authorized Representative

Printed Name of Authorized
Representative

Date

APPLICATION CHECKLIST (Please initial beside each numbered point.)

1. Application Forms – Pages 1-4

Application Form: Be sure to read this entire application form as it is a legal binding contract and details the refund policies.

- Page 1: Fill in the required personal information, sign and date where indicated. Please do not adjust any of the pre-printed information. For example, the delivery mode is full time – do not change this.
- Page 2: Review and initial all statements. We abide by The Private Vocational Schools Act Retention and Repayment of Fees. Your initials confirm your full understanding of all statements.
- Page 3: Review and initial all statements. Your initials confirm your full understanding of all statements.
- Page 4: Review, sign and date as required. You will also need a witness to sign and date the form.

2. Educational Requirements

Applicants must include with their application documentation that they meet one of the educational requirements:

- Canadian Language Benchmarks/Milestones Test
 - 7 in each strand
- Or
- IELTS Academic
 - 5.5 with minimum band score of 5.0
 - **MUST be the Academic IELTS Assessment**
- Or
- Test of English as a Foreign Language (TOEFL)
 - 71

Please refer to the International Student Handbook for more details.

3. Rules and Regulations

On Page 6 of your application, there is a place for you to sign stating that you have read and agree to abide by the Rules and Regulations set out by MCG Career College Inc. These Rules and Regulations can be found on our website under Policies and can also be found in the International Student Handbook. Applicants are expected to review and be familiar with all of the policies and procedures for MCG Career College, Inc., in particular the contents of the International Student Handbook.

4. Police Information Check

According to the Protection for Persons in Care Act, clinical partners require a clear Police Information Check (PIC) including Vulnerable Sector Search (VSS). Any criminal code offence for which a pardon has not been received may be a deterrent to a student's entry into practicum or even the program. In cases where a PIC or VSS is not clear, the Dean or designate will conduct a formal assessment to determine whether the student would be permitted to enter the program.

5. Standard First Aid with CPR Level C and AED

Students are required to provide proof of completion of the Standard First Aid with CPR Level C and AED course. Students need to maintain current certification throughout the program.

6. Computer Literacy

Students are required to be computer literate for success within this program. The program utilizes blended learning approaches and harnesses the benefits of technology throughout the program. This includes, but is not limited to, word processing, spreadsheet creation, utilization of a learning management system, email management and web-based activities.

_____ 7. Doctor's Note

Applicants are required to submit a clearly legible doctor's note indicating they are physically capable of meeting the physical and psychological demands of a career in massage therapy.

_____ 8. Immunizations

Students are required to provide proof of immunization status. Without complete and acceptable immunization status, practicum sites may refuse to accept students as per their organizational requirements, which could prevent successful completion of the program. By signing this application form, you are acknowledging that this requirement is outside of the control of MCG Career College and is at the discretion of the practicum site. If they refuse to accept a student based on immunization status MCG Career College cannot necessarily find a replacement practicum site (one may not be available) which would result in the student not being able to complete practicum, which would not satisfy the requirements for completion of the program.

Immunization List:

Rubella (MMR3)
Measles, Mumps (MMR3)
Tetanus, diphtheria (Td)
Pertussis (dTap)
Varicella, Chicken Pox (Vz)
Influenza (Flu)
Hepatitis B (HBV)
Tuberculosis (PPD)
Covid-19

_____ 9. Workplace Hazards and Personal Protective Equipment (PPE)

Applicants must wear PPE as directed by the College. It is understood that these requirements may change as the situation warrants. Non-compliance will result in misconduct and could require students to leave the program.

_____ 10. Enclose \$500.00 CDN non-refundable registration fee.

Applications can be:

- **Mailed to:**
MCG Career College INC.
220, 4774 Westwinds Drive NE
Calgary, Alberta
T3J 0L7
- **Emailed to:** info@mcgcollege.com

Payment of the \$500.00 CDN registration fee may be done by credit card via telephone or e transfer to: payment@mcgcollege.com.

When classes are filled, it will be posted on the website.

If you have questions or reasons that your application will not contain all the required documentation, please contact our office at 1-888-261-8999.

DISCLAIMER:

I have read and agree to abide by the rules and regulations of the MCG Career College Incorporated as presented on the website and in the Student Handbook.

Signature of Student

Printed Name of Student

Date