

ALBERTA STUDENT ENROLMENT CONTRACT FOR LICENSED VOCATIONAL TRAINING

225200695

PART A: INSTITUTION INFORMATION

Legal Entity

1039293 Alberta Limited

Operating Name

Alberta College of Massage Therapy - Calgary Campus

Unit Number

A3

Street Number

10333

Street Name

Southport Road SW

City

Calgary

Province

Alberta

Postal Code

T2W 3X4

Country

Canada

Phone Number

1-877-768-8400

Website

www.acmt.ca

E-Mail

info@acmt.ca

PART B: STUDENT INFORMATION

Last Name

Chand

First Name

Rahul

Middle Name

Prakash

Gender (Optional)

Male

Unit Number

Street Number

9558

Street Name

Nairn Pl

City

Surrey

Province

BC

Postal / ZIP Code

V3V6Y4

Country

Canada

Home Phone Number

6046713549

Mobile Phone Number

6046713549

E-Mail

rahulc1129@gmail.com

Date of Birth

2000-11-29

Alberta Student Enrolment Number / ASN

132049370

Former Surname (if applicable)

Also Known As (if applicable)

Aboriginal Status (Optional)

Legal Status (Optional)

Canada

International Student

Yes No

PART C: PROGRAM INFORMATION

Program Name

Massage Therapy

Program Start Date

2024-09-27

Program End Date

2025-07-08

Program Length

1200

Hours

44

Weeks

Delivery Mode

Full-time

If other, please provide a brief explanation

Program Cost

Tuition Fees (incl. Registration Fee): \$ 12 990

Registration Fee: \$ (150.00)

Books: \$ 1254.75

Supplies / Kits: \$

Other Fees _____ \$ _____

(specify): _____ \$ _____

Total Program fees: \$ 14 244.75

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 more information or if you have questions, please contact the Director of the Private Career Colleges Branch, 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
R.C.

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
R.C.

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
R.C.

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
R.C.

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

Initial Here
R.C.

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

Initial Here
R.C.

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

Initial Here
R.C.

Admission Requirements

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

Initial Here
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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
R.C.

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

Initial Here
R.C.

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 <https://privatecareercolleges.alberta.ca/>.

Initial Here
R.C.

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
R.C.

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
R.C.

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.

Rahul Chand

Rahul Chand

2024-09-27

Signature of Student

Printed Name of Student

Date

Kajal Khurua

Kajal Khurma

2024-09-27

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.

Kajal Khurua

Kajal Khurma

2024-09-27

Signature of Authorized Representative

Printed Name of Authorized
Representative

Date

This contract is to be used only for programs licensed under the *Private Vocational Training Act* and Regulation. These programs appear on the Private Vocational Training License posted in the Institution. A copy of this contract signed by both the student and the Institution's authorized representative must be provided to the student within 7 days of signing. Any changes made to this contract must be agreed to and initialed by both parties.

ADDITIONAL STUDENT INFORMATION

Massage Therapy Diploma Program
PLEASE FOLLOW INSTRUCTIONS CAREFULLY

Upon completing this Additional Student Information package, please include a copy of the following:

- Government Issued Photo ID
- Valid Standard First and CPR (Level C) Certification

Please confirm your preferred pronouns:

She/Her

He/Him

They/Them

Do Not Specify

Other:

- 1) Please provide an emergency contact

Print Name: Arun chand Phone Number: 6045068234

- 2) Please provide your social insurance number.

SIN: 757229133

Print Name: Rahul Chand Signature: Rahul Chand

- 3) Your uniform for classes includes an ACMT Professional Shirt. Please make sure you are using the measurements below for accurate sizing. Once the tags are removed from the shirt, they are considered non-refundable and non-exchangeable.

Women's Size Chart

324T	LENGTH	CHEST	SLEEVE
XXS	26.0	34.7	6.7
XS	26.4	36.2	6.7
S	26.8	37.8	7.1
M	27.2	41.0	7.1
L	27.6	43.3	7.5
XL	28.0	45.7	7.5
2XL	28.4	48.8	7.9
3XL	32.3	52.0	7.9

Men's Size Chart

409T	LENGTH	CHEST	SLEEVE
XS	28.3	45.7	7.9
S	29.1	47.2	8.3
M	29.9	48.8	8.7
L	31.5	51.2	9.1
XL	32.3	55.9	9.5
2XL	33.1	59.8	9.9
3XL	33.9	64.6	10.2

Shirt Size: XI

Please select which chart you used:

Woman's Sizing Chart

Men's Sizing Chart

- 5) I understand that Books & supplies are non-refundable.

By signing this form, I acknowledge that once the Books & supplies have been sent to me, they are no longer considered refundable

Print Name: Rahul Chand Signature: *Rahul Chaud*

- 6) I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without compensation. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the, but are not limited to:

- Trade show materials
- Presentations and/or course materials
- External and internal advertising
- Social media general use/advertising
- Educational videos

By signing this release, I understand:

1. Permission signifies that photographic or video recordings of me may be used for print and/or electronically at the discretion of the Alberta College of Massage Therapy.
2. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. Your acknowledgment: By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby (please sign below).

Print Name: Rahul Chand Signature: Rahul Chaud

- 7) Alberta College of Massage Therapy requires a minimum 85% attendance. Alberta Advanced Education mandates that no more than 15% of the program may be missed. Termination from the course will occur when either:
- a) The SMP student is absent for two or more days of weekend classes
 - b) The SMP student is absent for four or more Wednesday evening classes
 - c) The MT student is absent for three or more days of class.

Please be aware that arriving more than 15 minutes late to class or leaving early will be marked as a half day absence.

Print Name: Rahul Chand Signature: Rahul Chaud

- 8) I understand that if I decide to withdrawal from the program, I must provide the college with written notice (withdrawal date will be effective the date the notice is received). I understand that if I am terminated from the program, ACMT will provide written notice to me (termination date will be effective the date the notice is sent).

By signing this form, I acknowledge that I have completely read and fully understand the Withdrawal and Termination Policy at Alberta College of Massage Therapy.

Print Name: Rahul Chand Signature: Rahul Chaud

- 9) I understand the Refund of Tuition- After Training Begins policy on my Alberta Student Enrollment Contract that states the following:

If a student contract is terminated after the vocational training begins (start date of program), the licensee is entitled to the following amounts of tuition:

- a) When 10% or less of vocational training has been provided, 25% is entitled
- b) When more than 10% but 50% or less of the vocational training has been provided, 60% of the tuition is entitled
- c) When more than 50% of the vocational training has been provided, 100% of the tuition is entitled

I understand that the Spa Massage Practitioner Certificate program is 30 weeks long. Massage Therapy Diploma Program is 44 weeks long. The percentages above are based on the entire program, from the official start date until the official end date of the program.

By signing this form, I acknowledge that I have completely read and fully understand the Refund of Tuition policy at Alberta College of Massage Therapy.

Print Name: Rahul Chand Signature: Rahul Chand

- 10) I will read and familiarize myself with the ACMT Student Success Guide before my first day of the program. The Success Guide is provided in your book box.

Print Name: Rahul Chand Signature: Rahul Chand

- 11) Second-year MT students are required to maintain valid Standard First Aid and CPR (Level C) certification throughout the duration of the Massage Therapy Diploma program. Please submit a copy of your valid certification upon enrolling.

Print Name: Rahul Chand Signature: Rahul Chand

- 12) I understand that the official start date of program is not the first day of my program. The official start date of the program is to start pre-reading for the program. This pre-reading is assigned to you in your Course information package. This package is mailed to you with your books/supplies once ordered. Your first day of the program is your first in-class weekend.

Print Name: Rahul Chand Signature: Rahul Chand

- 13) Were you referred to ACMT? Whoever referred you may qualify for a referral bonus (payable halfway through the program). Please include their name and contact details below.

Referred by: _____ ACMT Alumni? Yes No

Phone Number: _____ Email: _____

Graduate Report

Institution: Alberta College of Massage Therapy - Calgary
Licensed Program: Massage Therapy - 1200 Hours
Reporting Period: Apr 01, 2023 - Mar 31, 2024
Date Prepared: May 14, 2024

1. Graduation Rate: 81.40% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates

- in full-time training related employment	29
- in part-time training related employment	
- in non-training related employment	
- not employed	1
- continuing to higher education precluding job search	
- in special circumstances precluding job search	
- institution was unable to locate to ask employment particulars	5
	<hr/>
Total Graduates	35
	<hr/>

This graduate report was made available to me prior to enrollment.

Rahul Chand

Name of Student (please print)

Rahul Chand

Signature

2024-09-27

Date

Signature Certificate

Reference number: JBUXT-WKQDZ-K8VWW-QRFKZ

Signer

Timestamp

Signature

Rahul Chand

Email: rahulc1129@gmail.com
Shared via link

Sent: 27 Sep 2024 23:36:11 UTC
Viewed: 27 Sep 2024 23:37:52 UTC
Signed: 27 Sep 2024 23:49:12 UTC



IP address: 64.114.211.33
Location: Surrey, Canada

Kajal Khurua

Email: kajalk@acmt.ca

Sent: 27 Sep 2024 23:36:11 UTC
Viewed: 27 Sep 2024 23:49:25 UTC
Signed: 27 Sep 2024 23:49:55 UTC



IP address: 205.206.8.53
Location: Edmonton, Canada

Recipient Verification:

✓Email verified 27 Sep 2024 23:49:25 UTC

Document completed by all parties on:
27 Sep 2024 23:49:55 UTC

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Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 50,000+ companies worldwide.

