



Scottish Massage
Therapists Organisation

SMTTO

Non-affiliated School Additional Form

Please complete this form if you did not complete your course at an SMTTO affiliated school.

Section One – Your details

Name:

Address:

Postcode:

Section Two – School Details

Name of school:

Principal:

Telephone:

Address:

Postcode:

Section Three – Course Details

Name of course:

Venue:

Dates of course:

Names of tutors:

Number of hours attended:

(a) Number of practical hours:

(b) Number of hours in anatomy & physiology:

(c) Number of hours in practice management:

(d) Number of hours in theory of massage: effects, contraindications, etc.

Section Four – Course Assessment

Was the exam (please tick those that apply):

Marked by an external examiner

Marked by a tutor

Done at home and sent in

Practical only in examination conditions

Practical and theoretical both in examination conditions

Theoretical only in examination conditions

N.B. By 'examination conditions' we mean that the examination was done under supervision in a classroom, without prior knowledge of the questions.

Section Five – Additional Comments

Please provide us with any additional comments you think we would find useful:

Section Six – Declaration

I wish to apply for membership of the Scottish Massage Therapists' Organisation and I confirm that the information given on this form is correct to the best of my knowledge. I enclose copies of my Diploma(s).

Signed:

Date:

Please send to SMT0, 27 Craigs Avenue, Edinburgh, EH12 8HS or by email to info@scotmass.co.uk