

For prospective members of the Scottish Massage Therapists'
Organisation not trained at an affiliated school



NAME:
ADDRESS:

Name of School	_____
Principal	_____
Address	_____ _____
Postcode	_____ Telephone _____

Name of Course:	_____
Venue:	_____
Dates of Course:	_____
Number of hours attended:	_____
a) Number of practical hours	_____
b) no. of hours in anatomy & physiology	_____
c) no. of hours in practice management	_____
d) hours in theory of massage - effects, contra-indications etc.	_____

Names of course tutors:	_____ _____
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Was the exam :- (please tick)

- marked by an external examiner
- marked by tutor
- done at home and sent in
- practical only in examination conditions
- practical and theoretical both in examination conditions
- theoretical only in examination conditions

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

Any additional comments you think we would find useful:

I wish to apply for membership of the Scottish Massage Therapists' Organisation and the information given above is correct to the best of my knowledge. I enclose copies of my Diploma(s).	
Signed _____	Date _____