



*Scottish Massage
Therapists Organisation*

Application Form

**70 Lochside Road, Bridge of Don,
Aberdeen AB23 8QW**

**Tel / Fax: 01224 822960
Email: smto@scotmass.co.uk
Website: www.scotmass.co.uk**

APPLICATION FORM FOR MEMBERSHIP OF SMTO

Personal details:

Surname: _____ Forename: _____
Address: _____

Postcode: _____ Date of birth: _____
Tel/fax: _____ Email: _____
Qualifications: _____
Occupation: _____

Training:

First Aid expiry: _____ / _____ / _____ Evidence available? Yes No
School attended: _____
Course attended: _____
Course accredited? Yes No
If NO then please fill in the details below:
Name of school: _____
Address: _____
Course attended: _____
Duration of course: _____
(More information may be requested later)

Membership:

- Membership only.** This price also applies for members who wish to arrange their own insurance, or those who are non-practising. These members are required to enclose proof of insurance with their renewal or they will not be included on the website or in the directory.
- Membership with reduced rate block scheme insurance.** Please tick this box to receive further details, or if you already have the insurance form then complete and send to Balens direct. Please note your insurance will be invalid if you are not a current member of the Scottish Massage Therapists Organisation.

REFEREES: Please obtain signatures of two independent professional persons, at least one of whom must be a practising healthcare professional.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
_____	_____
Signature: _____	Signature: _____
Date: _____	Date: _____

PAYMENT DETAILS – Please select the correct option.

One year membership £50

DIRECTORY OF THERAPISTS

I wish to be listed in the Directory of Therapists as follows:

Name: _____

County: _____

Town: _____

Skills: _____

e.g. Swedish Massage, Home Visits etc.

Please attach copies of your diplomas for each skill listed as they are required before your application can be processed.

MEMBERSHIP CERTIFICATE

I wish my SMTO Membership certificate to be inscribed thus:

and understand that it remains the property of the SMTO and must be returned to them if for any reason I do not continue my membership.

CONTINUING PROFESSIONAL DEVELOPMENT

I am interested in the following subjects for post-graduate study: _____

I would like to present a workshop/seminar on the following subject(s): _____

If you have any other skills or training please give details here: _____

MISCELLANEOUS

Please state where you heard about the Scottish Massage Therapists Organisation: _____

DECLARATION OF APPLICANT

I hereby wish to apply for membership of the Scottish Massage Therapists' Organisation to start during 2012. I have read and understood the Objects, Aims and Rules of the Organisation and agree to be bound by them. I have never been convicted of a criminal offence nor is there a case pending against me.

Being the signatory of this application I affirm that I am in good physical and mental health and do not have a criminal record or have been excluded from any professional register.

Signed: _____ Date: _____

I confirm that there are no past or outstanding actions/claims against me and I have never had an application for insurance declined. I affirm that all the above information is true to the best of my knowledge.

Signed: _____ Date: _____

I wish to be included in the Directory of Therapists and give my details overleaf. Yes No

I give permission for my name, telephone number and area to be made public in response to enquiries for referrals. Yes No

I also give permission for my details to be kept on the SMTO database adhering to the Data Protection Act. Yes No

I enclose my subscription for membership in the amount of £50 for membership of the Scottish Massage Therapists Organisation and attach a cheque made out to SMTO.

I understand that I will renew again in twelve months time.

Name: _____ Signed: _____ Date: _____

FOR OFFICE USE ONLY

Cheque amount: <input style="width: 150px;" type="text"/>	Date received: <input style="width: 150px;" type="text"/>
Include database: <input type="checkbox"/> Yes <input type="checkbox"/> No	Include directory/website: <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate sent: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTMS sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Directory sent: <input type="checkbox"/> Yes <input type="checkbox"/> No
PR sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date despatched: <input style="width: 150px;" type="text"/>

Acceptable for SMTO Membership:

Name: _____ Signed: _____ Date: _____

On behalf of SMTO