



Scottish Massage
Therapists Organisation

SMTTO Application Form

Joining the SMTTO

Please ensure that you have read, and understood, the 'SMTTO Membership Handbook', and then complete this form and send to **SMTTO, 27 Craigs Avenue, Edinburgh, EH12 8HS** with payment. Please note that payment can be made by bank transfer, by PayPal, by sending a cheque or credit/debit card. Please contact the office on info@scotmass.co.uk 08454-638852 or 07715-663852 to make arrangements.

It is also possible to join the SMTTO online by going to www.scotmass.co.uk and clicking on 'Join the SMTTO' under the 'Members Area' menu. We look forward to welcoming you as a Member.

Section One – Your details

Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Contact no.	<input type="text"/>	Mobile no.	<input type="text"/>
Email address:	<input type="text"/>	Date of birth	<input type="text"/>
Qualifications	<input type="text"/>		
Occupation:	<input type="text"/>		

Section Two – Training

School attended:	<input type="text"/>							
Course attended:	<input type="text"/>							
		Yes	No					
Course accredited:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If no, then please fill in the details below <i>N.B. More information may be requested later:</i>								
Address:	<input type="text"/>							
Course Duration:	<input type="text"/>							
		Yes	No					
First aid expiry:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Evidence available?	<input type="checkbox"/>	<input type="checkbox"/>

Section Three – Membership

- Membership only.** Please tick this box if you wish to arrange your own insurance, or you are non-practising. Please enclose proof of insurance with this application or you will not be included in the online directory. Please advise if you are non-practising.
- Membership with reduced rate block scheme insurance.** Please tick this box if you have completed the SMT0 Block Scheme Insurance forms and sent them direct to Balens, or require the forms to be sent out to you (they can be downloaded from the website). Please note your insurance will be void if your membership is not kept up to date.

Section Four – Membership Certificate

I wish my SMT0 Membership certificate to be inscribed thus:

and understand that it remains the property of the SMT0 and must be returned to them if for any reason I do not continue my membership.

Section Five – References

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

REFERENCE 1:

Name:	<input type="text"/>		
Occupation:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

REFERENCE 2:

Name:	<input type="text"/>		
Occupation:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Section Six – Payment Details

One year membership £50

Cheque to SMTO

Send to address on page 1

Bank transfer to SMTO

Account no: 17001395 Sort code: 83-51-00
Add Surname+Membership no. as a reference

Credit/debit card

Please call the office to arrange

PayPal

Section Seven – Online Directory Listing

	Yes	No
I wish to be included in the online Directory of Therapists	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my name, telephone number and area to be made public in response to enquiries for referrals.	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Company name:

Website:

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.

Section Eight – Continuing Professional Development

I am interested in the following subjects for postgraduate 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:

Section Nine – Miscellaneous

Please state where you heard about the SMTO:

Section Ten – Checklist & Declarations

Now please make sure you have:

✓

- Fully completed all relevant sections of this form
- Enclosed copies of diplomas for all your listed therapy qualifications
- Enclosed your insurance certificate (*only required if not taking SMTO policy*)
- Enclosed a copy of your up-to-date first aid certificate
- Completed the non-affiliated schools form (*if applicable*)
- Enclosed / arranged ^{*delete} payment of the membership fee of £50
- Kept a copy of this completed form for your records

Declarations

✓

I give permission for my details to be kept on the SMTO database adhering to the Data Protection Act.

I confirm that there have been no disciplinary findings against me in the past year.

I confirm that there are no outstanding professional complaints against me (other than any made to SMTO).

I confirm that there have been no criminal convictions or cautions against me in the past year (not including motor offences punishable only by a fine)

I confirm that there are no health issues affecting my ability to practice.

I hereby wish to become a Member of the Scottish Massage Therapists Organisation. I have read and understood the SMTO Practice Standards: Code of Conduct, Performance and Ethics and agree to be bound by its terms, to include the SMTO Continuing Professional Development Policy and the SMTO Disciplinary and Complaints Policy. I confirm that the information above is accurate.

I understand that I will renew again in 12 months time.

Signed:

Date:

FOR OFFICE USE ONLY							
Cheque amount:	<input type="text"/>			Date received:	<input 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 type="text"/>	
Acceptable for SMTO Membership:	<input type="button" value="YES"/>		<input type="button" value="NO"/>				
Name:	<input type="text"/>			Signed:	<input type="text"/>		Date:
<i>On behalf of SMTO</i>							