

Member Upgrade Application



*The Association for
Professional Therapists*

MASSAGE & MYOTHERAPY AUSTRALIA VISION STATEMENT

*Leader of the Australian Massage
and Myotherapy Industry.*

MASSAGE & MYOTHERAPY AUSTRALIA MISSION STATEMENT

*To lead and support our diverse membership
towards excellence in practice.*

1. Type of Membership

☐ Remedial Massage Therapist (Diploma)

☐ Advanced (Adv Dip, Degree)

Eligibility

For details of eligibility for membership please see the website massagemyotherapy.com.au. If you do not hold the current qualification HLT50302/07/52015 or the Advanced Diploma of Myotherapy, or Bachelor of Health Sciences (MST) or Bachelor of Myotherapy, please contact 1300 138 872.

2. Privacy Policy

Massage & Myotherapy Australia is committed to the protection of your personal information. Full details of Massage & Myotherapy Australia's Privacy Policy can be found on our website massagemyotherapy.com.au/privacy-policy/

**Use this form to Upgrade from Massage Therapist to
Remedial Massage Therapist or Advanced Member**

OFFICE USE ONLY

3. Applicant Details

Member No.

Family name

Given names

Date of birth Sex: M ☐ F ☐

Address for correspondence

Suburb State Postcode

Your contact details

Clinic* Home*

Mobile*

Email address*

Preferred contact method

*** Mandatory**

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Please complete the entire application, printing clearly and attaching copies of all documents referred to on the Checklist on the back page. Mail to: Massage & Myotherapy Australia, Level 8, 53 Queen St, MELBOURNE VIC 3000.

4. Clinic Details

Address 1* _____	Address 3* _____
_____	_____
Suburb _____	Suburb _____
State _____ Postcode _____ Contact No. _____	State _____ Postcode _____ Contact No. _____
Address 2* _____	Address 4 _____
_____	_____
Suburb _____	Suburb _____
State _____ Postcode _____ Contact No. _____	State _____ Postcode _____ Contact No. _____

**Medibank allows no more than three clinic addresses per therapist for Approved Provider Status. If eligible, the first three addresses that you provide will be forwarded to Medibank. Note: all other private health funds accept four clinic addresses.*

IMPORTANT: For clinic details to be forwarded to health funds and used for public referral, you must list a clinic address and telephone number. Street addresses must be listed. Note: Post Office Boxes are not accepted.
If you have a mobile clinic, please list your home address.

Once you are accepted for Massage & Myotherapy Australia membership:

Do you want your Clinic details to be forwarded to health funds? ☐ Yes ☐ No
(To be issued a provider number you must answer yes!)

Do you want your Clinic details listed on health fund websites? ☐ Yes ☐ No

Do you want your Clinic details to be listed on the Australian Massage Directory? ☐ Yes ☐ No

5. Modalities – Skills, Experience & Services

Please number in order of preference: only the first three modalities will be listed on the Australian Massage Directory.
NOTE: By numbering a box, you are confirming that you are qualified to deliver this service.

<input type="checkbox"/> Acupressure	<input type="checkbox"/> Functional Fascial Taping	<input type="checkbox"/> Myofascial Dry Needling*	<input type="checkbox"/> Shiatsu
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Hot Stone Massage	<input type="checkbox"/> Myofascial Release	<input type="checkbox"/> Sports Massage
<input type="checkbox"/> Bowen Therapy	<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Ortho Bionomy	<input type="checkbox"/> Structural Balance
<input type="checkbox"/> Corporate Massage	<input type="checkbox"/> Kahuna	<input type="checkbox"/> Postural Integration	<input type="checkbox"/> Thai Massage
<input type="checkbox"/> Cupping	<input type="checkbox"/> Kinesiology	<input type="checkbox"/> Pregnancy Massage*	<input type="checkbox"/> Traditional Chinese Massage
<input type="checkbox"/> Deep Tissue Massage	<input type="checkbox"/> Lomi Lomi Massage	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Trigger Point
<input type="checkbox"/> Fascial Kinetics	<input type="checkbox"/> Lymph Drainage*	<input type="checkbox"/> Reiki	<input type="checkbox"/> WorkCover Approved
<input type="checkbox"/> Feldenkrais	<input type="checkbox"/> Mobile Service	<input type="checkbox"/> Rolfing	

*Specialised training is required in these modalities. Training must meet Massage & Myotherapy Australia Position Statement requirements – see massagemyotherapy.com.au

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6. Statutory Declaration

WARNING: When you make a statutory declaration, you are declaring that the statements in it are true. If you make a false statement in a statutory declaration, you could be charged with an offence and, if convicted, you could be fined or jailed, or both.

I _____
(name and occupation)

of _____
(address)

in the state of _____, Australia, do solemnly and sincerely declare:
(state)

Please tick the true statement(s):

- ☐ I have not been charged with any criminal offence in Australia or elsewhere;
- ☐ I have not at any time been convicted of any criminal offence against a person in Australia or elsewhere;
- ☐ I have not at any time been the subject of any disciplinary proceedings with any other professional association;
- ☐ I have not at any time been the subject of any disciplinary proceedings with any private health fund including, but not exclusively, fraudulent behaviour;
- ☐ I have been charged and convicted with the following offences:

- (a) _____
- (b) _____
- (c) _____

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

I understand that any information subsequently found to be incorrect, false or misleading, may result in refusal of my application or cancellation of my membership.

Declared at _____ on _____)
this _____ day of _____)
Declarant's Signature _____

20 _____ before me: _____
Declarant's Name (print) _____

Witness' Signature _____

Witness' Name and Occupation Title (print) _____

(Please see below information for persons qualified to witness a Statutory Declaration.)

Completing the Statutory Declaration

The following information is a brief guide to completing the above statutory declaration. Please note that a person must not intentionally make a false statement in a statutory declaration. The possible penalty pursuant to the Statutory Declarations Act 1959 is imprisonment for four years.

1. Declarant Details & Execution

Insert the full name, address and occupation of the person making the declaration. Insert the location (eg. Melbourne) where the declaration is made and the date (eg. 30th day of August 2014).

The declarant and witness must sign where indicated and print their details underneath the signature. The witness' occupation must also be included.

2. Witness

The following are persons qualified to witness a Statutory Declaration pursuant to section 8(b) of the Statutory Declarations Act 1959.

2.1 A person who is authorised under a law in force in a state or territory to practise as a member of the following professions:

- | | |
|--------------------------|--------------------------|
| (a) Chiropractor | (g) Pharmacist |
| (b) Dentist | (h) Physiotherapist |
| (c) Legal practitioner | (i) Psychologist |
| (d) Medical practitioner | (j) Trade marks attorney |
| (e) Nurse | (k) Veterinary surgeon |
| (f) Patent attorney | |

2.2 Other persons including, but not exclusively are: Justice of the Peace, Accountant, Teacher, Marriage Celebrant, Police Officer.



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7. Membership Fees

(Subject to change. All prices are inclusive of GST)

	Total
Upgrade from Massage Therapist to Remedial Massage Therapist or Advanced Member	\$55

8. Payment Method

For security reasons, DO NOT SEND YOUR CREDIT CARD DETAILS BY FAX or EMAIL. If you prefer not to mail your credit card details, please contact Massage & Myotherapy Australia on 1300 138 872 within five business days (after mailing your documents) to pay your fees.

* Please make cheques payable to:

Massage & Myotherapy Australia

☐ Visa ☐ Mastercard ☐ Cheque*

Card Number

Authorisation No. (The last three digits on the back of your card.)

Name on Card _____ Expiry _____

Signature _____

Please **MAIL** this application form and documents to:

**Massage & Myotherapy Australia
Level 8, 53 Queen Street, Melbourne 3000.**

Important Note

Your membership will not be activated until **ALL** documentation and fees are received.

* What does 'Certified' mean?

Original and copies of documents can be certified by taking them to a person who is authorised to witness/certify. Persons who are authorised to witness/certify (under the Commonwealth Statutory Declarations Act 1959) include members of certain professions such as chiropractor, dentist, legal practitioner, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, trade marks attorney, veterinary surgeon and other persons including, but not exclusively, Justice of the Peace, accountant, teacher, marriage celebrant, police officer. **The simplest way to get your documents certified is to visit your local chemist.**

9. Declaration and Agreement

I hereby apply for membership of Massage & Myotherapy Australia and certify that to the best of my knowledge and belief, the information in this application is true and if elected to membership:

- ☐ I undertake to abide by the Constitution, Code of Ethics, Standards of Practice, Policies, Position Statements & Guidelines.
- ☐ I understand Massage & Myotherapy Australia may, in its absolute discretion, reject my application for membership without providing reasons.
- ☐ I undertake to contribute to the property of the Company if the Company is wound up, in such amount as may be required, but not exceeding one dollar (\$1.00).
- ☐ I agree to keep my Senior/Level 2 First Aid current, and provide copies to Massage & Myotherapy Australia when they are renewed.
- ☐ I agree to provide a copy of my **Certificate of Currency of Public and Product Liability and Malpractice Liability Insurance** to Massage & Myotherapy Australia when it is renewed each year.
- ☐ I agree to abide by Massage & Myotherapy Australia's Continuing Professional Education (CPE) criteria.
- ☐ I agree to abide by the Massage & Myotherapy Australia Ethics Education Criteria.
- ☐ I agree to abide by the private health funds' Terms and Conditions as set out by the individual private health funds.
- ☐ I agree to annually update the above agreements and my Statutory Declaration via the Massage & Myotherapy Australia website.

Signature _____ Date _____

Please allow up to ten working days from the date of receipt for your application to be processed.

10. Checklist (Do not forward original documents)

1. Certified* copy of massage education details – certificate and full transcript ☐
2. Remedial applications, a letter from your college indicating that you meet the Medibank and HCF education criteria (if eligible) ☐
3. Copy of First Aid Certificate (Apply First Aid/Senior Level 2) ☐
4. Copy of **Certificate of Currency of Insurance** (If you are not currently insured, please supply to Massage & Myotherapy Australia as soon as available) ☐
5. Statutory Declaration – signed, dated & witnessed (page 3). ☐

(Your details will not be forwarded to the private health funds until all documentation has been received and your application has been processed.) Your initials here _____