



# Scottish Massage Therapists Organisation Ltd

70 Lochside Road, Bridge of Don, Aberdeen AB23 8QW  
Telephone 01224 822960 Fax 01224 822960 Email [smtto@scotmass.co.uk](mailto:smtto@scotmass.co.uk)  
<http://www.scotmass.co.uk>

Thank you for your interest in joining the Scottish Massage Therapists Organisation (SMTTO).

If you trained at a non-affiliated school, to ensure that you meet the SMTTO guidelines for membership, which incorporate those of both the General Council for Massage Therapists (GCMT) and the Complementary and Natural Healthcare Council (CNHC), to apply for SMTTO membership we need to you complete an additional form.

Please print out the form on the next page, and either scan and email it to [info@scotmass.co.uk](mailto:info@scotmass.co.uk), or alternatively you can post it to:

SMTTO  
70 Lochside Road  
Aberdeen  
AB23 8QW

Please remember to include any supporting documentation that you consider to be relevant to your application.

If you require any assistance then please let us know.

Kind regards,

Nicola J Brooks  
Secretary



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):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Marked by an external examiner</b>                           | <input type="checkbox"/> <b>Marked by a tutor</b>                          |
| <input type="checkbox"/> <b>Done at home and sent in</b>                                 | <input type="checkbox"/> <b>Practical only in examination conditions</b>   |
| <input type="checkbox"/> <b>Practical and theoretical both in examination conditions</b> | <input type="checkbox"/> <b>Theoretical only in examination conditions</b> |

*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: