



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
<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, 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

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 _____