

SMTO Application Form

Joining the SMTO

Please ensure that you have read, and understood, the 'SMTO Membership Handbook', and then complete this form and send to SMTO, 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.

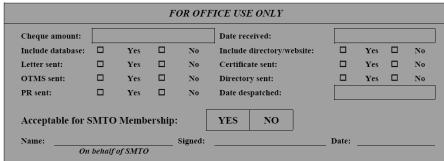
It is also possible to join the SMTO online by going to www.scotmass.co.uk and clicking on 'Join the SMTO' under the 'Members Area' menu. We look forward to welcoming you as a Member.

Section One – Yo	ur detail:	S				
Name:						
Address:						
			Postcode:			
Contact no.			Mobile no.			
Email address:			Date of birth			
Qualifications						
Occupation:						
Section Two – Tr	raining					
School attended:						
Course attended:						
				Yes	No	
Course accredited:						
If no, then please fill in the details below N.B. More information may be requested later:						
Address:						
Course Duration:						
				Yes	No	
First aid expiry:	/	1	Evidence available?			

Sec	tion Three	– Membership						
	you are non-	only. Please tick this box if you who wish to arrange your own insurance, or practising. Please enclose proof of insurance with this application or you will ded in the online directory. Please advise if you are non-practising.						
	Manchaushin with reduced rate block schools incorporate Discontict this how if you have							
Sec	tion Four -	- Membership Certificate						
If wis	sh my SMTO M	lembership certificate to be inscribed	d 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.							
Pleas	se obtain signa	References tures of two independent profession lthcare professional.	nal persons, at le	ast one of whom must				
	RENCE 1:							
Nam								
	pation:							
Addr	ess:							
			Postcode:					
Signa	ature:		Date:					
REFE	RENCE 2:							
Nam	e:							
Occu	pation:							
Addr	ess:							
			Postcode:					
Signa	ature:		Date:					

Section Six - Pay	ment Details		
One year membership	£50		
Cheque to SMTO Send to address on page 1	☐ Bank transfer to SMTO ☐ Credit/debit card Account no: 17001395 Sort code: 83-51-00 Add Surname+Membership no. as a reference Credit/debit card Please call the office to arrange and the office and the office to arrange and the office are the office to arrange and the office are the office and the office are the office and the office are the	☐ PayPal	
Section Seven – C	Online Directory Listing Yes	No	
I wish to be included in	the online Directory of Therapists		
I give permission for my public in response to en	y name, telephone number and area to be made equiries for referrals.		
Name:			
Company name:			
Website:			
County:	Town:		
Skills:			
0.0	Swedish Massage, Home Visits etc.		
_	of your diplomas for each skill listed as they are required b	efore your	
	application can be processed.		
Section Eight – Co	ontinuing Professional Development		
I am interested in the fo	llowing		
subjects for postgradua	te study:		
I would like to present a seminar on the followin	• 1		
If you have any other sk	ills or		
training please give deta			
Section Nine – Mi	scellaneous		
Please state where you heard about the SMTO:			
the Sivii O.			

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:



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