

Association of Massage Therapists Ltd

PO Box 826 Broadway NSW 2007

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<u>info@amt.org.au</u> <u>www.amt.org.au</u>

ABN 32 001 859 285

AMT Student Application Form

APPLICATION CHECKLIST

Have you:

- attached your national police history check certificate
- attached a passport size photo?
- attached a copy of your proof of enrolment?
- supplied the names and contact details of three character referees?
- signed the form?

PRIVACY STATEMENT

The Association of Massage Therapists Ltd is subject to the provisions of the Privacy Act 1988. Any personal information you supply to us on membership application forms or any changes to your details is used strictly in accordance with the Act and kept in the strictest confidence. You have the right to access and correct any personal information that the Association holds about you.

None of the details given by you will be divulged to third parties without your permission and knowledge.

Your personal information may be used only by this Association to improve our services and to provide you with the latest information about any new related services and promotions such as workshops, conferences and membership reminders.

PLEASE NOTE:

Your membership application will usually be processed within two weeks of receipt of all documentation at AMT Head Office and you will be notified of the result in writing.

Please supply all requested documentation.

An incomplete application will cause delays in processing your membership.

We cannot accept applications via fax.
Please post your original to:
AMT Ltd
PO Box 826
Broadway NSW 2007
or email it to info@amt.org.au

AMT PRACTITIONER MEMBERSHIP APPLICATION FORM

OFFICE USE ONLYDate Received:



PLEASE COMPLETE IN BLOCK LETTERS ALL QUESTIONS MARKED WITH A * MUST BE COMPLETED

PERSONAL DETAILS						
* First name:						
* Surname:						
* Date of birth:		Male:	Female:		ase attach size photo here	
* Mailing address:				passport	size prioto riere	
J.						
* State:	*	Post code:				
TOSE COUC.						
CONTACT NUMBERS						
* Home:	* Work:		* Mobile:			
* Email address:						
* How did you hear about AMT?						
* Why did you decide to join AMT?						
	_					
PROBITY						
* Have you ever been a member of another professional association?				YES	NO	
* If yes, have you ever been expelled or sanctioned from that association?				YES	NO	
* Have you been the subject of any disciplinary, legal or criminal proceedings?			oceedings?	YES	NO	
* Are you aware of any pending disciplinary, legal or criminal proceedings?			edings?	YES	NO	
* Have you been the subject of any formal complaints or investigations over the past 12 months that would affect your fitness to practice as a massage therapist? YES NO					NO	
* Have you been the subject of			=			
over the past 12 months that massage therapist?	would affect your fitness	to practice	as a	YES	NO	
* Have you lived overseas for 12 months or longer during the past ten years?			YES	NO		

Date Approved:

AMT PRACTITIONER MEMBERSHIP APPLICATION FORM (CONT...)



PROOF OF ENROLMENT

You must attach proof of enrolment that clearly shows your name, the name of the course you are enrolled in, the school you are attending and the anticipated completion date. Your application will not be processed without proof of enrolment.

NATIONAL POLICE CHECK

You must attach your national police check certificate. Your application will not be processed without your national police check certificate.

INSURANCE

Do you require information about student insurance?

YES NO

* REFEREES

List three (3) character referees (name and telephone number) from persons other than family who have known you for the last two years:

* 1. Name: Telephone number:

* 2. Name: Telephone number:

* 3. Name: Telephone number:

* DECLARATION AND AGREEMENT

I declare that the information given on this form is true and correct. I understand that:

- I must pay all my subscriptions and other monies due until I resign my membership
- I declare that I will abide by the AMT Code of Ethics and any applicable rules, codes and regulations
- I declare that I will abide by all applicable health fund provider terms and conditions

*Sic	gnature:	*Date:

PLEASE NOTE:

You must be a student member of AMT for at least two months before upgrading to practitioner levels of membership. If you try to upgrade before two months has elapsed, an administration fee of \$80.00 applies.