

# Student (Associate) Application Form



**MASSAGE &  
MYOTHERAPY**  
AUSTRALIA

*The Association for  
Professional Therapists*

**Use this form to join as a Student Member.**

OFFICE USE ONLY

## Massage & Myotherapy Australia Profile

Massage & Myotherapy Australia are the peak representative body for massage therapists throughout Australia. Massage & Myotherapy Australia is a public company limited by guarantee and is a not-for-profit organisation. Massage & Myotherapy Australia members have high standards of ethical behaviour and professional practice. Membership is open to individuals who hold formal qualifications as defined by the Australian Qualifications Framework. Massage & Myotherapy Australia accredits massage therapists as members for the benefit of consumers and employers.

Massage & Myotherapy Australia self-regulates its members through the Ethics Committee; all members must abide by the Constitution, Code of Ethics and Standards of Practice. Breaches of Massage & Myotherapy Australia regulations may result in disciplinary proceedings.

Massage & Myotherapy Australia's objects are stated in its Constitution and include:

- to organise and promote massage therapy,
- encourage a high standard of practice, and
- provide rules of practice standards and ethics.

Massage & Myotherapy Australia provides a referral service which allows the public to access members by maintaining the Australian Massage Directory section on the website [massagemyotherapy.com.au](http://massagemyotherapy.com.au).

Massage & Myotherapy Australia responds to any complaints from the public: it is this commitment to protecting the public and the massage profession that has led Massage & Myotherapy Australia and its members to be leaders of the massage industry.

## The Benefits of Student (Associate) Membership

Student (Associate) Membership provides individuals and organisations with a wide variety of benefits including:

- **Continuing Professional Education** – Student (Associate) members are eligible for attendance at a range of lectures, workshops and the Massage & Myotherapy Australia Annual National Conference at the member price.
- **Endorsed Education Activities Program** – Massage & Myotherapy Australia sources and recognises other providers and massage training.
- **HALO** – Access to Massage & Myotherapy Australia's online health and learning program.
- **Massage & Myotherapy Journal** – Members are kept informed of the latest industry news and informative articles on modalities and practice management through the quarterly *Massage & Myotherapy Journal*.
- **eNews** – The Massage & Myotherapy Australia electronic newsletter is emailed to members monthly to keep you up to date.
- **Promotion** – Massage & Myotherapy Australia is promoted through advertising, locally, nationally and through representation internationally.
- **Member Support** – Massage & Myotherapy Australia office staff are available to answer your questions five days per week.

## Membership types

- **Advanced Member** – awarded to individuals who hold a current AQF6 and above qualification. Massage & Myotherapy Australia also recognises the Advanced Diploma of Myotherapy and the Bachelor of Health Sciences (Musculoskeletal Therapy).
- **Remedial Massage Therapist** – awarded to individuals who hold a current Diploma in one of the following qualifications defined in the relevant National Training Package: Diploma of Remedial Massage.
- **Massage Therapist** – awarded to individuals holding a current Certificate IV in Massage Therapy Practice.
- **Student** – Associate Membership of Massage & Myotherapy Australia is available to students currently studying in one of the qualifications listed above.
- **Affiliate Member** – Affiliate Membership is awarded to individuals or organisations not qualified under the sections above but who are interested in massage therapy and the work of Massage & Myotherapy Australia. For example, Registered Training Organisations, or those who work in the health industry such as physiotherapists, osteopaths, nurses, consumable sales (oils, tables, etc.). An Affiliate Membership is NOT open to anyone who practices massage in ANY capacity. Those not eligible for Affiliate Membership may wish to consider a subscription to the *Massage & Myotherapy Journal* to keep up to date with industry knowledge.
- Fees are set in accordance with the Massage & Myotherapy Australia Constitution by the Board of Directors.

# Student (Associate) Application Form

## 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) \_\_\_\_\_

- I have had the following disciplinary proceedings with another Association or Private Health Fund:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

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. The association will not accept any documents witnessed or certified by a relative.

### 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.

# Student (Associate) Application Form

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

## Type of Membership

**Student (Associate) Member**

Are you or have you ever been a member of Massage & Myotherapy Australia?

No  Yes, Member No. (if known)

## Eligibility

You must be enrolled at a Registered Training Organisation as a Certificate IV HLT40302/07/12/15 or Diploma HLT50302/07 or HLT 52015 level student or Bachelor of Health Sciences (Musculoskeletal Therapy) or the Advanced Diploma of Myotherapy or Bachelor of Myotherapy. If you are not enrolled in one of these qualifications, please contact Massage & Myotherapy Australia on +61 3 9602 7300.

## 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/](http://massagemyotherapy.com.au/privacy-policy/)

## 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 Massage & Myotherapy Australia 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 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.**

## Applicant Details

Given names \_\_\_\_\_

Family name \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex: M  F  Prefer not to say  Other \_\_\_\_\_

Address for correspondence \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## Contact Details

Daytime telephone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

RTO \_\_\_\_\_

Course start date \_\_\_\_\_

Course end date \_\_\_\_\_

## Checklist

**(Do not forward original documents)**

As soon as possible could you please forward to Massage & Myotherapy Australia:

- Certified\* copy of a letter from your school confirming your enrolment or signature of Massage & Myotherapy Australia Graduate Liaison Officer**
- Statutory Declaration – signed, dated & witnessed (page 2).**

Your initials here \_\_\_\_\_

OFFICE USE ONLY	
_____	_____
Sonya Leslight	Date