



The Association of Professional Therapists

Student (Associate) Application Form

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.

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.

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 Member** – 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 Member** – awarded to individuals holding a current Certificate IV in Massage Therapy Practice.
- **Student Member** – 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.

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 health and learning online 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.

Student (Associate) Application Form

RTO: _____

Anticipated Date of Completion: _____

Please complete the entire application, printing clearly and attaching copies of all documents referred to on the Checklist.

Email: info@massagemyotherapy.com.au OR

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 or HLT42015 or Diploma HLT50302/07 or HLT52015/21 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 and Collection Statement** can be found on our website:

[CLICK HERE](#)

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 _____

(Digital signatures will not be accepted)

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 _____

Are you of Aboriginal or Torres Strait Islander Australian descent?

(If you are of both, tick both 'Yes' boxes).

☐ No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander

Address for correspondence* _____

Suburb _____ State _____ Postcode _____

Daytime telephone _____

Mobile* _____

Email* _____

Preferred contact method _____

***Mandatory**

Checklist *(Do not forward original documents)*

As soon as possible could you please forward to:

info@massagemyotherapy.com.au or mail to: Massage & Myotherapy Australia, Level 8, 53 Queen St, Melbourne VIC 3000:

- ☐ **A copy of a letter from your school confirming your enrolment or signature of Massage & Myotherapy Australia Graduate Relationship Administrator.**
- ☐ **Statutory Declaration – signed, dated & witnessed (page 3).**

Your initials here _____

OFFICE USE ONLY

Graduate Relationship Administrator

Date



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) (Occupation)

of _____
(Address)

in the state of _____, Australia, do solemnly and sincerely declare:
(State)

Please tick the true statement(s):

- ☐ I confirm that the issued massage education documents (digital or hard copy) including, but not exclusively, official testamurs and academic transcripts, are true versions issued by the educational institution and have not been altered in any way.
- ☐ 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, including a complaint, with any other professional association;
- ☐ I have not at any time been the subject of any disciplinary proceedings, including a complaint, 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 _____
(Digital signatures will not be accepted)

20 _____ before me: _____
Declarant's Name (print) _____

Witness' Signature _____

Witness' Name and Occupation Title (print) _____
(Name) (Occupation)

(Please see below information for persons qualified to witness a Statutory Declaration.)

(Digital signatures will not be accepted)

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 2022).

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 | (e) Nurse | (i) Psychologist |
| (b) Dentist | (f) Patent attorney | (j) Trade marks attorney |
| (c) Legal practitioner | (g) Pharmacist | (k) Veterinary surgeon |
| (d) Medical practitioner | (h) Physiotherapist | |

2.2 Other persons including, but not exclusively are: Justice of the Peace, Accountant, Teacher, Marriage Celebrant, Police Officer.