

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.

Please email this application to: info@massagemyotherapy.com.au
or mail to: **Massage & Myotherapy Australia, Level 8, 53 Queen Street, Melbourne 3000.**