

# membership: application form

Please read the preceding Membership Information before completing this form

I am applying for a new membership  (please tick) or I am applying for an upgrade  (please tick)

My previous membership number is

If you are applying for an upgrade of membership you are not required to complete section

A of this form unless you have a change in personal details. Please go straight to section B of this form.

OFFICE USE ONLY

## A - PERSONAL DETAILS

First Name  Surname

Postal Address

Suburb

State  Postcode

Home telephone  Mobile

Email

Web address

Gender - Female  Male  Date of Birth

ABN

## B - MEMBERSHIP CATEGORY

I wish to apply for the membership category of: (please tick)

General  (go straight to section E) Professional  Professional Plus

Or, I wish to apply for a membership Upgrade to:

Professional  Professional Plus  Current membership number

Educational Qualifications (Professional and Professional Plus members only)

Name of qualification

Name of teaching institution/college you attended

**C - CLINIC DETAILS (PROFESSIONAL PLUS ONLY)** *A clinic address is required for health fund registration purposes. this information can be provided at a later date if not currently available. Clinic details can be changed as necessary.*

1. My clinic address is (full street address required, no PO):

Address

Suburb  State  Post Code

2. My clinic address is (full street address required, no PO):

Address

Suburb  State  Post Code

For additional clinic addresses please provide all the above details on a separate piece of paper and attach it to your application.

# membership: application form con't

Do you wish for Massage Australia to send your details (such as your name, member number, phone number, clinic and email addresses) to applicable Health Funds?

Yes

Please be aware that some Health Funds may subsequently list your details on their public websites.

## E - ADDITIONAL INFORMATION

How did you hear about Massage Australia?

College  Magazine  Current Member  Website  Other (please specify)

## F - PAYMENT DETAILS

General - \$110 Professional - \$140 Professional Plus - \$225

Mastercard  Visa  Cheque/money order  Payment online via website

Card number

Expiry date

Amount enclosed \$ (Please refer to the joining fee table on page 4 of this application)

Name of card holder

Signature of card holder

## DECLARATION

Have you been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body or been expelled from another association?

Yes  No

If yes, give details

I am the person named and shown on this application. This application is made on the basis of the truth and correctness of all information furnished. I acknowledge that Massage Australia may, in its absolute discretion, grant or refuse membership without assigning any reason.

By signing this form I agree to an ongoing commitment to the Standards of Practice & Code of Conduct of Massage Australia

Signature  Date

## G - CHECKLIST (APPLIES FOR PROFESSIONAL AND PROFESSIONAL PLUS APPLICANTS ONLY)

I am applying for Professional or Professional Plus membership and have included certified copies of my qualification certificate and statement of results.

Yes  No

Do you require Professional Indemnity/Public liability information from Massage Australia.

Yes  No

I am applying for Professional Plus membership and have included a copy of my current First Aid Certificate. This document is not required for the processing of this application and can be provided to Massage Australia in the future.

Yes  No

I am applying for Professional Plus membership and have included a copy of my current Insurance cover (certificate of currency). This is only applicable to applicants not currently holding insurance cover.

Yes  No

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## ADDITIONAL INFORMATION FOR APPLICANTS SEEKING PROFESSIONAL PLUS MEMBERSHIP

Photo Id is required from new members applying for Professional Plus membership only (e.g passport photocopy or licence photocopy)

Yes  No

## ADDITIONAL INFORMATION FOR APPLICANTS SEEKING REGISTRATION WITH MEDIBANK & HCF - (PROFESSIONAL PLUS MEMBERSHIP ONLY)

*These additional documents can be provided at a later date but your application won't be considered till all below documents have been received. (This applies to Professional Plus Membership applicants only)*

*Medibank states that their educational requirements for provider registration meet the following:*

*"Minimum Education Requirements means HLT50307 Diploma of Remedial Massage (or later equivalents) in which the course duration is at a minimum 12 months for full time students or 18 months part time students and that requires a minimum of 20% of the course to contain clinical training to be conducted on campus supervised by a trainer with the appropriate qualifications. Also, the following practical components which require skills based knowledge should also be delivered on campus – surface anatomy, palpation, clinical examination, assessment of conditions, treatment plans, tactile therapies massage techniques and other associated therapeutics and techniques"*

*HCF states that their educational requirements for provider registration meet the following:*

*"Minimum Education Requirements means HLT50307 Diploma of Remedial Massage (or later equivalents) in which the course duration is a minimum 12 months for full time or 18 months part time. HCF do not recognize distance education courses"*

*The additional information requested in the points below will be assessed based on the above criteria provided by Medibank HCF. Please see attached sample letter that can be provided to your College. This letter outlines all of the below points relating to the registration criteria for Medibank and HCF.*

*The points below relate to the Diploma of Remedial Massage and does not include the Certificate IV in Massage*

- College letter confirming course meets Medibank Criteria (On - Campus practical and On - Campus Clinical 20%) Yes  No
- College letter confirming start and end date of diploma course and if it was completed part time or full time Yes  No
- College letter confirming the training by the College (RTO) meets the training requirements of Medibank Yes  No
- The above points do not relate to my application as I am moving my association membership to Massage Australia and I am currently hold registration with Medibank & HCF.  
(Please provide evidence of your Medibank & HCF registration with your application) Yes  No

*Please refer to Medibank and HCF requirements for Recognised Providers. This can be provided as reference to your college if needed.*

## OFFICE USE ONLY CHECKLIST

- Letter from college providing the required information to register applicant as a provider with Medibank Yes  No
- All information and documents received for Medibank recognition. Yes  No
- CPE evidence will be required from this applicant Yes  No
- Waiting on outstanding documents Yes  No
- CEO sign off for this applicant to be registered with Medibank

Signature

Date

SEND TO: MASSAGE AUSTRALIA PO BOX 253 MITTAGONG NSW 2575

ph: 02 4883 9500 fax: 02 4883 9805 email: info@massageaustralia.com.au

College Letterhead

Date:

To: Massage Australia

PO BOX 198 Bargo

NSW 2674 Australia

This is to certify that (*Student name*) has successfully completed the Diploma of Remedial Massage (HLT50307) on campus and under the minimum standards as outlined by Medibank Private and HCF.

The study period for the Diploma is a minimum duration of 12 months full time, being an academic year, or 18 months part time, and that this period of study does not include components of the Certificate IV in Massage Therapy (HLT40312).

*Student's Name* study has included the minimum of 20% of the course to contain face to face clinical training conducted on campus and supervised by a trainer with the appropriate qualifications. The following practical components were conducted on campus as a part of this study: surface anatomy, palpation, clinical examination, assessment of conditions, treatment plans, tactile therapies, massage techniques and other associated therapeutics and techniques.

Details for the graduate are as follows:

<b>Course Completed</b>	<b>Diploma of Remedial Massage HLT50307</b>
<b>Delivery Type</b>	<b>On Campus</b>

Additional information for this graduate are:

Study Load (full time or part time study)	
Start date of Diploma	
Graduation date (completion date) of Diploma	

(Signed of by appropriate person for the college)