

APPLICATION FOR MEMBERSHIP : APRIL 2011 - MARCH 2012

Full name	
Assessment date with Dennis Bartram	

PERSONAL CONTACT DETAILS

These will be used as your primary contact details by the ATA
 We'll keep you up to date with ATA news and information by email, unless otherwise informed.

House name/ no.:	
Street:	
Town:	
County:	
Postcode:	
Home telephone:	
Mobile:	
Email:	

CLINIC DETAILS

For your personal webpage on amatsu.info

	Clinic Address 1	Clinic Address 2
Building name/ no.:		
Town:		
Street:		
County:		
Postcode:		
Clinic landline number:		
Clinic mobile:		
Clinic email:		

Number of clients treated in an average week:

INSURANCE
Public liability/indemnity/malpractice
Umbrella organisation:
Insurance policy number:
Expiry date:

Please send a copy of your insurance & membership of the governing umbrella organisation e.g. CThA or ICNM, to Carolyn Austin within a month of expiry to avoid membership becoming lapsed.



CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) OVER THE LAST 3 YEARS

The following learning activities are ATA approved courses as provided on the ATA website

Amatsu CPD:	No of points / days completed:
Personal CPD:	No of points / days completed:

Please use an additional piece of paper if you require more space.

TOTAL CPD points/days completed over the last 3 years:**FIRST AID**

Date of course:	Expiry date:
Hours completed: Full day / Half day	(please delete as appropriate)

Please send a copy of your certificate to Carolyn Austin within a month of expiry to prevent membership becoming lapsed.**MEMBERSHIP DECLARATION**

Only sign and date the section below which applies to you and the membership for which you're applying

Non-Practicing Membership:

I confirm that I am not currently practicing Amatsu and therefore wish to be registered as a non-practising member of The Amatsu Therapy Association Ltd (ATA) from 1 April 2011 to 31 March 2012. I enclose a letter / I have previously written* to the Secretary of the ATA explaining my circumstances and requesting that I be granted non-practising member status. I enclose a copy of my certificates / letters as proof of the above circumstances and have provided £50 to the ATA. I understand that as a non-practising member of the Association I must complete the minimum equivalent of 40 points/4 days of Continuing Professional Development (CPD) training over a three year period, 20 points/2 days of which must be Amatsu based vocational training.

Signed:

Dated:

Student / Full Membership:

*delete as appropriate

I wish to be registered as a Student / Full * member of The Amatsu Therapy Association Ltd (ATA) from 1 April 2011 to 31 March 2012. I have provided £50 (student) / £150 (full) to the ATA. I agree to provide a copy of my Insurance policy on renewal and confirm that that any client complaints received to date have been notified to the ATA, the relevant Governing body CThA / ICNM* and my Insurance company. I understand that as a practicing member of the Association I must complete the minimum equivalent of 40 points/4 days of Continuing Professional Development (CPD) training annually, 20 points/2 days of which must be Amatsu based vocational training.

I understand that it is a condition of my membership that I sign this registration document to confirm that I am in good health and I declare that I am fit to study / practise / teach* Amatsu Therapy to the standards laid down in the Code of Ethics. As part of my continuing responsibility as a member, I agree to advise the ATA of anything that may affect my ability or suitability to continue to study / practise / teach*. I declare that I am of good character, moral and trustworthy. I consent to the ATA randomly requesting my details from the Criminal Records Bureau and I confirm that there are no criminal charges or insurance claims being filed or pending at this time. Any client complaints received to date have been notified to the ATA and my umbrella organisation / insurance company. The ATA reserves the right to refuse membership at the Executive Committees discretion.

Signed:

Dated:

PAYMENT TO THE ATA

*delete as appropriate

- I enclosed a cheque made payable to *The Amatsu Therapy Association Ltd*
- I have made an Internet bank transfer : Account no: 61540831; sort code: 40/27/07; REF: full name
- I have completed the standing order mandate & returned to my bank

Payment received after **14th March 2011** will incur a late payment surcharge.

PLEASE SEND A COPY OF THIS FORM, PAYMENT CONFIRMATION & COPIES OF YOUR: INSURANCE; UMBRELLA ORGANISATION eg CThA or INCM; CPD & FIRST AID CERTIFICATES TO CAROLYN AUSTIN, ATA MEMBERSHIP & CPD OFFICER either via email (preferred) or post:

Email: amatsubalance@yahoo.co.uk; Postal address: 94 Donaldson Way, Woodley, Reading, Berkshire RG5 4XL