

## Application for Membership

Applications are invited for membership of the BTFA.

Please complete this form and forward it to us, together with the attachments listed.  
No payment is required with this application; an invoice will be forwarded to you.

### PERSONAL DETAILS

First Name	<input type="text"/>	Middle Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	Name for Membership Certificate	<input type="text"/>		
Mailing Address					
No. & Street	<input type="text"/>	City/ Suburb	<input type="text"/>	Post Code	<input type="text"/>
State	<input type="text"/>	Country (if not Australia)	<input type="text"/>		
Home phone	<input type="text"/>	Work phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>			FAX	<input type="text"/>

### CLINIC DETAILS

<b>Clinic 1</b> Name	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Address	<input type="text"/>	City/ Suburb	<input type="text"/>
		Post Code	<input type="text"/>
State	<input type="text"/>	Country (if not Australia)	<input type="text"/>

<b>Clinic 2</b> Name	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Address	<input type="text"/>	City/ Suburb	<input type="text"/>
		Post Code	<input type="text"/>
State	<input type="text"/>	Country (if not Australia)	<input type="text"/>

<b>Clinic 3</b> Name	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>
Address	<input type="text"/>	City/ Suburb	<input type="text"/>
		Post Code	<input type="text"/>
State	<input type="text"/>	Country (if not Australia)	<input type="text"/>

**Please select the level of membership requested:**

<b>Membership level</b>	<b>Fee</b>	<b>Documents to be attached</b>
Therapist	\$200	Refer note 1
Practitioner	\$200	Refer note 2
Student (1 year only)	\$20 admin fee	Refer note 3
Affiliate	\$120	Refer note 4
Equine or Small Animal Therapist	\$200	Refer note 5
Equine or Animal Practitioner	\$200	Refer note 6
Combined Human and Equine/ Animal Therapist	\$220	Refer note 7

**Note: No payment is required with this application. An invoice will be sent to you when all membership information has been received.**

**Declaration**

I am the applicant named in this document and declare that the details given in this application are true and correct.

I undertake to comply with the Rules and Bylaws of the BTFA. These include:

- Undertaking to complete the required level of ongoing professional training each year
- Maintaining an appropriate level of professional insurance and Senior First Aid qualification

I agree to my name, business phone number, website and suburb(s) of the clinic(s) where I practice being listed for referral on the BTFA website.

Signed: .....

Date: .....

Print name: .....

## Attachments required:

### Note 1 (Therapist)

- **Copy of Diploma in Bowen Therapy** from a Registered Training Organisation (RTO) and Statement of Academic Achievement with Units of Competency achieved, certified by a Justice of the Peace (JP).
- **Copy of Certificate of Currency for Professional Insurance**  
If not currently insured, contact our office for details on a recommended insurer. Membership will be finalised when the BTFA receives the Certificate of Currency.
- **Copy of Senior First Aid Certificate**  
If you do not have a current certificate, you must complete a course and obtain one before your membership can be finalised.
- **Statutory Declaration** (available on BTFA website under 'Become a Member') stating that 500 hours of clinical experience has been achieved giving Bowen Therapy treatments, including those required by the Diploma course, and that you have records covering these treatments.

### Note 2 (Practitioner)

- **Copy of Certificate in Bowen Therapy** from a recognised training provider and list of subjects, certified by a Justice of the Peace (JP).
- **Copy of certificates for Anatomy and Physiology**, covering content in HLTAAP002 'Confirm physical health status' if not included in your Bowen training course.
- **Copy of Certificate of Currency for Professional Insurance**
- **Copy of Senior First Aid Certificate**
- **Statutory Declaration** (available on BTFA website under 'Become a Member') stating that 100 hours of clinical experience has been achieved giving Bowen Therapy treatments, including those required by your Bowen training course, and that you have records covering these treatments.

### Note 3 (Student)

- **Copy of your registration for training in Bowen Therapy** from a BTFA-recognised training provider (listed on the BTFA website under 'Training').
- Student membership is available for 1 year only and is free, apart from the application fee. After 1 year, Student members must transfer to Affiliate membership (refer Note 4) if not treating clients for Bowen Therapy, or Practitioner membership (refer Note 2).

### Note 4 (Affiliate)

Affiliate members must not be treating clients for Bowen Therapy. It is available to people interested in Bowen Therapy, want to support the goals of the BTFA and assist us in increasing awareness of Bowen Therapy as an effective treatment.

**Note 5 (Equine Therapist or Small Animal Therapist)** - refer to requirements for Therapist (Note 1)

**Note 6 (Equine or Animal)** - refer to requirements for Practitioner (Note 2)

- **Copy of Certificate in Bowen Therapy** from a BTFA recognised training provider.
- **Copy of Certificate of Currency for Professional Insurance**
- **Copy of Senior First Aid Certificate**
- **Statutory Declaration** (available on BTFA website under 'Become a Member')

**Note 7 (Therapist and Equine/Animal (Combined))** - refer to requirements for Therapist (Note 1) and Equine/Animal training (refer Note 6).