

Application for Membership

Please return this form via email to [btfa-office@bowen.asn.au](mailto:btfa-office@bowen.asn.au). An invoice will be forwarded to you once your application has been processed.

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| **PERSONAL DETAILS** | | |
| **First name** | **Surname** | |
| **Date of Birth** | **Name for Membership Certificate** | |
| **Mailing Address: Number. & Street** | **City/ Suburb** | **Postcode** |
| **State** | **Country (if not Australia)** | |
| **Phone** | **Email** | |

|  |  |  |
| --- | --- | --- |
| **CLINIC DETAILS** | | |
| **Clinic 1 name** | **Clinic phone** | |
| **Email** | **Website** | |
| **Address: No. & Street** | **City/ Suburb** | **Postcode** |
| **State** | **Country (if not Australia)** | |
| **Phone** | **Email** | |

|  |  |  |
| --- | --- | --- |
| **Clinic 2 name** | **Clinic phone** | |
| **Email** | **Website** | |
| **Address: No. & Street** | **City/ Suburb** | **Postcode** |
| **State** | **Country (if not Australia)** | |
| **Phone** | **Email** | |

|  |  |  |
| --- | --- | --- |
| **Clinic 3 name** | **Clinic phone** | |
| **Email** | **Website** | |
| **Address: No. & Street** | **City/ Suburb** | **Postcode** |
| **State** | **Country (if not Australia)** | |
| **Phone** | **Email** | |

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

**Membership level Annual Fee Documents required  
(please tick ✓relevant box)**

🗌 Therapist $200 (+ application fee\*) Refer note 1

🗌 Practitioner $200 (+ application fee\*) Refer note 2

🗌 Equine or Small Animal Therapist/ $200 (+ application fee\*) Refer note 3  
Practitioner

🗌 Combined Human/Equine/Animal $220 (+ application fee\*) Refer note 4  
Therapist or Practitioner

🗌 Student $20 application fee\* Refer note 5

🗌 Associate (levels 1-3) $50 (+ application fee\*) Refer note 6

\* AN APPLICATION FEE OF $20 APPLIES TO ALL NEW BTFA MEMBERS AND IS PAID ONCE ONLY \*

***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: ………………………………………………………………………………………………………………………………………....

**Membership categories and required documents:**

**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 Form** (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** **Form** (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** **Equine Therapist/ Practitioner or Small Animal Therapist/Practitioner** - refer to requirements for Therapist (Note 1) or Practitioner (Note 2).

**Note 4 Combined Human/Equine/Animal** **Therapist or Practitioner** - refer to requirements for Therapist (Note 1) or Practitioner (Note 2) and Equine/Small Animal training (refer Note 3).

**Note 5** **Student** Student membership is available for 1 year only and is free, apart from the application fee. After 1 year, Student members must transfer to Associate membership level 3 (refer Note 6) if not treating clients for Bowen Therapy, or Practitioner membership (refer Note 2).

* Copy of your registration for training in Bowen Therapy from a BTFA-recognised training provider.

**Note 6 Associate level 1** Qualified in Bowen Therapy but no longer working as a Bowen therapist.   
No documents required.

**Associate level 2** Qualified in Bowen Therapy and another modality. Must have current full membership and CPE currency with another association, e.g. AMT.

* Copy of Certificate in Bowen Therapy from a BTFA-recognised training provider
* Copy of certificate for Anatomy & Physiology
* Copy of Certificate of Currency for Professional Insurance
* Copy of Senior First Aid Certificate
* Copy of certificate of membership with the association for your other modality

**Associate level 3** Qualified in Bowen but upgrading to current Australian Practitioner standards.

* Copy of Certificate in Bowen Therapy from a BTFA-recognised training provider
* Copy of certificate for Anatomy & Physiology
* Copy of Certificate of Currency for Professional Insurance
* Copy of Senior First Aid Certificate