

# 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.



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
<b>(please tick ✓ relevant box)</b>		
<input type="checkbox"/> Therapist	\$200 (+ application fee*)	Refer note 1
<input type="checkbox"/> Practitioner	\$200 (+ application fee*)	Refer note 2
<input type="checkbox"/> Equine or Small Animal Therapist/ Practitioner	\$200 (+ application fee*)	Refer note 3
<input type="checkbox"/> Combined Human/Equine/Animal Therapist or Practitioner	\$220 (+ application fee*)	Refer note 4
<input type="checkbox"/> Student	\$20 application fee*	Refer note 5
<input type="checkbox"/> 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 sincerely declare that: (✓ tick the true statements)*

- I have not at any time been convicted of any criminal offence or disciplinary proceedings in Australia or elsewhere, OR:*
- I have been the subject of the following offence or disciplinary proceedings in Australia or elsewhere: (give details)*

.....

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

- *Undertaking to complete the required level of ongoing professional training (20 points) each year*
- *Maintaining an appropriate level of professional insurance, and Senior First Aid qualification every 3 years*

*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 - Australian members only** (see 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 - Australian members only** (see 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