

APPLICATION FOR MEMBERSHIP

Bowen Therapists Association of: NSW QLD SA VIC WA

(Please select State you wish to join)

Postal Address : PO Box 89, Sandown Village Vic 3171

Phone: 1300 4 BOWEN (1300 426 936)

Fax: (03) 8502 0941

Email: btfa-office@bowen.asn.au

Website: www.bowen.asn.au



1. Personal Details

Please Print

TITLE _____ SURNAME: _____ GIVEN NAMES: _____ DOB _____

STREET ADDRESS: _____

TOWN / SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: BH: _____ AH: _____ MOBILE: _____

EMAIL ADDRESS: _____ WEB SITE: _____

2. TRAINING AND QUALIFICATIONS: - LIST ALL BOWEN TRAINING RELEVANT TO THIS APPLICATION

COLLEGE OR SCHOOL NAME	NAME OF COURSE	CERTIFICATE NUMBER	DATE COMPLETED

3. YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR MEMBERSHIP CERTIFICATE:

GIVEN NAMES OR INITIALS: _____ SURNAME: _____

4. CATEGORY OF MEMBERSHIP SOUGHT: (CIRCLE ONE)

SEE SECTION 7 FOR MEMBERSHIP CATEGORIES AND REQUIREMENTS.

CATEGORY:	STUDENT*/ASSOCIATE	PRACTITIONER	THERAPIST	SMALL ANIMAL THERAPIST	EQUINE THERAPIST	COMBINED THERAPIST HUMAN/EQUINE/SMALL ANIMAL
ANNUAL FEE:	\$80	\$150	\$150	\$150	\$150	\$170

PLUS APPLICATION FEE OF \$20 (NON REFUNDABLE INCLUDING STUDENTS) *STUDENTS FIRST YEAR OR PART THEREOF FREE

5. PRACTICE DETAILS:

BUSINESS NAME: _____ PROPRIETOR / EMPLOYEE (CIRCLE ONE)

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ IS THIS BUSINESS LOCATED IN YOUR HOME? **YES NO**

6. GENERAL INFORMATION

(PLEASE CIRCLE)

DO YOU AGREE TO HAVE RELEVANT APPROVED ADVERTISING EMAILED TO YOU	YES NO
WOULD YOU PREFER TO HAVE THE NEWSLETTER AND OTHER FEDERATION CORRESPONDENCE DELIVERED TO YOU THROUGH YOUR EMAIL?	YES NO
WOULD YOU BE WILLING TO HELP OUT AT EXPO'S AND DEMONSTRATIONS IN YOUR AREA?	YES NO
WOULD YOU LIKE TO SERVE ON THE MANAGEMENT COMMITTEE AT SOME TIME?	YES NO
DO YOU HAVE ANY SKILLS OR EQUIPMENT THAT YOU WOULD LIKE TO OFFER TO HELP THE FEDERATION? If YES, PLEASE INDICATE DETAILS BELOW.	YES NO

DO YOU AGREE TO HAVE YOUR NAME, TOWN/SUBURB, AND PHONE NO. / EMAIL ADDRESS PUBLISHED IN THE FEDERATION'S REFERRAL LIST, BOTH IN THE NEWSLETTER AND ON THE WEBSITE? <i>NOT APPLICABLE TO STUDENTS OR ASSOCIATES</i>				YES	NO
IF YES, INDICATE THE AREA(S) AND PHONE NUMBER(S) WHERE YOU PRACTICE					
STREET ADDRESS	TOWN / SUBURB	POSTCODE	PHONE NUMBER AND/OR EMAIL ADDRESS		

7. SUPPORTING DOCUMENTATION REQUIRED WITH THIS APPLICATION

STUDENT	1. EVIDENCE CURRENTLY STUDYING BOWEN THERAPY COURSE with a BTFA approved provider. Cannot charge a fee.
ASSOCIATE:	1. CERTIFIED COPY OF CERTIFICATE OF COMPLETION OF ANY BASIC BOWEN TRAINING COURSE ISSUED BY ANY SCHOOL RECOGNISED BY THE FEDERATION. Wishes to practice on family and friends only. Cannot charge a fee.
PRACTITIONER	1. A CERTIFIED COPY OF CERTIFICATE OF COMPLETION OF ANY BASIC BOWEN TRAINING COURSE ISSUED BY ANY SCHOOL RECOGNISED BY THE FEDERATION 2. EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH) 3. COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE 4. EVIDENCE OF COMPLETION OF 100 HOURS DOCUMENTED BOWEN TREATMENTS. (SEE NOTE 1) 5. EVIDENCE OF COMPLETION ANATOMY & PHYSIOLOGY 1 OR HLTAP301A RECOGNISE HEALTHY BODY SYSTEMS IN A HEALTH CARE CONTEXT
THERAPIST	1. CERTIFIED COPY OF CERTIFICATE IV IN BOWEN THERAPY OR DIPLOMA IN BOWEN THERAPY 2. EVIDENCE OF COMPLETION OF 500 HOURS DOCUMENTED TREATMENTS. (SEE NOTE 1) 3. EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH) 4. COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE
SMALL ANIMAL THERAPIST	1. EVIDENCE OF COMPLETION OF A BTFA ACCREDITED BOWEN FOR SMALL ANIMALS COURSE 2. EVIDENCE OF COMPLETION OF 100 HOURS OF DOCUMENTED SMALL ANIMAL BOWEN TREATMENTS. (SEE NOTE 1) 3. EVIDENCE OF COMPLETION OF ANATOMY & PHYSIOLOGY 1 OR HLTAP301A RECOGNISE HEALTHY BODY SYSTEMS IN A HEALTH CARE CONTEXT OR A & P FOR SMALL ANIMALS 4. COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE 5. EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH)
EQUINE THERAPIST	1. EVIDENCE OF COMPLETION OF A BTFA ACCREDITED EQUINE BOWEN THERAPY COURSE 2. EVIDENCE OF COMPLETION OF 100 HOURS DOCUMENTED BOWEN TREATMENTS. (SEE NOTE 1). 3. EVIDENCE OF COMPLETION OF ANATOMY & PHYSIOLOGY 1 & 2 OR HLTAP301A RECOGNISE HEALTHY BODY SYSTEMS IN A HEALTH CARE CONTEXT & HLTAP401A CONFIRM PHYSICAL HEALTH STATUS OR A RECOGNISED EQUINE A & P COURSE 4. COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE 5. EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH)
COMBINED THERAPIST	1. AS FOR HUMAN THERAPIST PLUS 2. AS FOR EQUINE THERAPIST AND/OR 3. AS FOR SMALL ANIMAL THERAPIST

NOTE 1: A STATUTORY DECLARATION IS REQUIRED AS EVIDENCE, BUT MUST BE SUPPORTED BY RECORDS KEPT BY THE APPLICANT. THESE RECORDS MUST BE MADE AVAILABLE FOR EXAMINATION BY AN OFFICER OF THE FEDERATION ON REQUEST.

8. PRO RATA FEE CALCULATION

THE MEMBERSHIP YEAR IS FROM 1ST JUNE TO 31ST MAY
FOR PRACTITIONER AND THERAPIST APPLICATIONS PRO-RATA FEES MAY APPLY FOR THE SECOND 6 MONTHS. **IF JOINING FROM 1ST DECEMBER ONWARDS**
PLEASE CHECK FOR CORRECT AMOUNT PAYABLE BEFORE SENDING.

PLEASE MAKE FEES PAYABLE TO: BOWEN THERAPISTS FEDERATION OF AUSTRALIA INC.

9. BEFORE YOU SEND

PLEASE ENSURE THAT YOU HAVE INCLUDED ALL EVIDENCE ITEMS AS LISTED IN **SECTION 7 AND A SIGNED CHEQUE OR MONEY ORDER** MADE PAYABLE TO:
BOWEN THERAPISTS FEDERATION OF AUSTRALIA INC.
THE FEDERATION IS NOT ABLE TO ACCEPT CREDIT CARDS OR EFTPOS PAYMENTS AT THIS TIME. **APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR EMAIL**

SIGNATURE OF APPLICANT _____ **DATE OF APPLICATION:** _____ / _____ / _____

OFFICE USE ONLY

REMARKS:

APPLICATION CHECKLIST

- ❑ **1.** Application signed and dated - **all paperwork to be posted to:**
Bowen Therapists Federation of Australia, P.O. Box 89, Sandown Village. Vic 3171
Applications emailed or faxed will not be acceptable.

- ❑ **2. Practitioners - Certified** copy of Certificates for Bowen Courses completed
Therapists - Certified copy of Certificate IV or Diploma in Bowen Therapy

- ❑ **3. Students**
EVIDENCE CURRENTLY STUDYING BOWEN THERAPY COURSE with a BTFA approved School
Cheque or Money order for - **Application fee – currently \$20.00**

- ❑ **4. Practitioners**
Copy of Certificates covering Anatomy & Physiology 1 **OR**
HLTAP301A Recognise healthy body systems in a health care context

- ❑ **5.** Copy of Current Senior First Aid certificate

- ❑ **6.** Statutory Declaration covering required no of clinical treatments and that records are held for these. A Statutory Declaration must be signed by a person authorised to sign Statutory Declarations.
Practitioners - 100 hours
Therapists - 500 hours

- ❑ **7.** Insurance application completed, signed and dated **OR**
Copy of Insurance **Certificate of Currency**

- ❑ **8.** Cheque or Money order (Membership Level Amount Plus \$20 Application Fee) made payable to:
Bowen Therapists Federation of Australia Inc.
Note: The bank will not accept BTFA Inc. written on cheques
Pro Rata amounts may apply for some levels
(**If joining between 1st December and 31st May** please contact the Office for the correct amount payable before sending application)