

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*	PRACTITIONER	THERAPIST	SMALL ANIMAL THERAPIST	EQUINE THERAPIST	COMBINED THERAPIST HUMAN/EQUINE/SMALL ANIMAL
ANNUAL FEE:	\$100	\$170	\$170	\$170	\$170	\$190

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 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. PUBLISHED IN THE FEDERATION'S REFERRAL LIST ON THE WEBSITE? <i>NOT APPLICABLE TO STUDENTS</i>			
IF YES, INDICATE THE AREA(S) AND PHONE NUMBER(S) WHERE YOU PRACTICE			YES NO
STREET ADDRESS	TOWN / SUBURB	POSTCODE	PHONE NUMBER

7. SUPPORTING DOCUMENTATION REQUIRED WITH THIS APPLICATION

STUDENT	<ol style="list-style-type: none"> EVIDENCE CURRENTLY STUDYING BOWEN THERAPY COURSE with a BTFA approved provider. Cannot charge a fee.
PRACTITIONER	<ol style="list-style-type: none"> A CERTIFIED COPY OF CERTIFICATE OF COMPLETION OF ANY BASIC BOWEN TRAINING COURSE ISSUED BY ANY SCHOOL RECOGNISED BY THE FEDERATION EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH) COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE EVIDENCE OF COMPLETION OF 100 HOURS DOCUMENTED BOWEN TREATMENTS. (STATUTORY DECLARATION REQUIRED) (SEE NOTE 1) EVIDENCE OF COMPLETION ANATOMY & PHYSIOLOGY 1 OR HLTAP301A RECOGNISE HEALTHY BODY SYSTEMS IN A HEALTH CARE CONTEXT
THERAPIST	<ol style="list-style-type: none"> CERTIFIED COPY OF CERTIFICATE IV* IN BOWEN THERAPY OR DIPLOMA IN BOWEN THERAPY EVIDENCE OF COMPLETION OF 500 HOURS DOCUMENTED TREATMENTS. (STATUTORY DECLARATION REQUIRED) (SEE NOTE 1) EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH) COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE
SMALL ANIMAL THERAPIST	<ol style="list-style-type: none"> EVIDENCE OF COMPLETION OF A BTFA ACCREDITED BOWEN FOR SMALL ANIMALS COURSE EVIDENCE OF COMPLETION OF 100 HOURS OF DOCUMENTED SMALL ANIMAL BOWEN TREATMENTS. (SEE NOTE 1) EVIDENCE OF COMPLETION OF ANATOMY & PHYSIOLOGY 1 OR HLTAP301A RECOGNISE HEALTHY BODY SYSTEMS IN A HEALTH CARE CONTEXT OR A & P FOR SMALL ANIMALS COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH)
EQUINE THERAPIST	<ol style="list-style-type: none"> EVIDENCE OF COMPLETION OF A BTFA ACCREDITED EQUINE BOWEN THERAPY COURSE EVIDENCE OF COMPLETION OF 100 HOURS DOCUMENTED BOWEN TREATMENTS. (SEE NOTE 1). 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 COPY OF A CURRENT SENIOR FIRST AID CERTIFICATE EVIDENCE OF PROFESSIONAL INDEMNITY AND LIABILITY INSURANCE (MINIMUM ONE MILLION DOLLARS EACH)
COMBINED THERAPIST	<ol style="list-style-type: none"> AS FOR HUMAN THERAPIST PLUS AS FOR EQUINE THERAPIST AND/OR 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

<p>THE MEMBERSHIP YEAR IS FROM 1ST JUNE TO 31ST MAY FOR PRACTITIONER AND THERAPIST AND EQUINE/ANIMAL 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.</p> <p>PLEASE MAKE FEES PAYABLE TO: BOWEN THERAPISTS FEDERATION OF AUSTRALIA INC.</p>

9. BEFORE YOU SEND

<p>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</p>

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 accepted.
- ❑ 2. **Practitioners - Certified copy** of Certificate/s for Human Bowen Course/s completed
(if over 3 years since completed please contact us first)
Copy of Certificate/s covering Anatomy & Physiology 1 **OR**
HLTAP301A Recognise healthy body systems in a health care context.

Therapists - Certified copy of Certificate IV or Diploma in Bowen Therapy.
This must be from an RTO. (Recognised Training Organisation)

Equine Therapist – Copy of Diploma of Equine Bowen Therapy

Small Animal Therapist – Certified copy of course completed.
- ❑ 3. **Copy of Current Senior First Aid certificate** – Practitioners, Therapists and
Equine Therapists, Small Animal Therapists
- ❑ 4. **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. (ie JP, Police Officer, Pharmacist etc)

Practitioners - 100 hours
Therapists - 500 hours
- ❑ 5. Insurance application completed, signed and dated **OR**
Copy of Insurance Certificate of Currency
- ❑ 6. **Students**
EVIDENCE CURRENTLY STUDYING BOWEN THERAPY COURSE with a BTFA approved School
Cheque or Money order for - **Application fee only – currently \$20.00**
- ❑ 7. 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)