



Irish Massage Therapists Association

## New Membership Application Form

Membership year runs from 15<sup>th</sup> March to 14<sup>th</sup> March each year

*(Please complete this form using BLOCK CAPITALS)*

Please fill in your personal information for use by the IMTA only	
Name:	
Address:	
Personal phone no:	
Email:	
Date of birth:	

Please fill in your business information for use on your profile page on our directory listing (Full members only)	
Business Name:	
Business Address:	
Business phone no:	
Business Email:	
FaceBook:	
LinkedIn:	
Twitter:	
About me: (short blurb)	

Please tick which type of membership you are applying for	
Full member <input type="checkbox"/>	Student <input type="checkbox"/>

Please tick which Type of Practice best describes you	
Currently practicing <input type="checkbox"/>	Not currently practicing <input type="checkbox"/>
About to commence practicing <input type="checkbox"/>	Currently studying with an aim of practicing <input type="checkbox"/>

Do you have current Professional Indemnity Insurance?

Yes

No

Does your insurance policy list all the therapies you practice and are listing with us?

Yes

No

Have you a completed risk assessment & Safety Statement from the HSA/BeSmart website?

Yes

No

Have you your Data Protection Policy and Procedures in place as per GDPR requirements?

Yes

No

*(Assistance in compiling these documents is available if needed. Please email the Secretary.)*

Please list your massage qualifications and submit copies of same


Qualifications gained as a result of correspondence courses will not be deemed as adequate for membership.

Please list any other relevant qualifications and submit copies of same


General Data Protection Regulations

*To comply with GDPR requirements, please complete the following in order for your contact details to be advertised and promoted by the IMTA. (Full members only)*

I permit my name, general location, contact number and email address to be made available to the public including, but not limited to, on the IMTA website [www.massagiereiland.org](http://www.massagiereiland.org) under my 'Directory' profile which I set up myself via the website and which is activated by the General Secretary.

Yes

No

*Declarations:*

Signature:

Date:

I accept that the IMTA is an autonomous regulatory institution and I undertake to comply with its rules and regulations, and its terms and conditions of membership.

Yes

No

I understand that IMTA membership is subject to annual renewal and can be withdrawn or suspended at any time at the sole discretion of the Executive.

Yes

No

I undertake to comply with the IMTA Code of Ethics as a condition of my IMTA membership, including the use of a consultation form.

Yes

No

I understand that this membership application is subject to approval.

Yes

No

Have you ever been convicted of, or is prosecution pending for a criminal offence?

Yes

No

Please give details.

Have you ever been or are you currently on the Sex Offenders Register?

Yes

No

Please give details.

Have you ever been or are you currently on the Disqualified/registered persons Register?

Yes

No

Please give details.

I declare that all information supplied is true and accurate. If this is found not to be the case, members can be suspended or expelled from the association at the boards' discretion.

Yes

No

**For Office Use Only**

Date received:

Received by:

Certificates of qualifications received: Yes  No

Insurance details received: Yes  No

Date of approval:

Registration approved by:

Certificate of membership issued: Yes  No

Date cert issued:

Website listing activated:

Activated by:

Membership no: