

ASSESSMENT APPLICATION FORM FOR ASSOCIATE MEMBERS AND EXAMINATION APPLICANTS



SMA Aim : *To promote knowledgeable, skilful and committed Soft Tissue/Sports Massage Therapists for the enhancement of the profession in the eyes of both professionals and the general public.*

Personal Details	
Full Name	Date of Birth
SMA Associate Member N ^o	

Current Work
Employer(s)
Location(s)
Previous relevant work
Dates
Employer(s)
Location(s)

Qualifications			
Date	Qualification	Course provider	Awarding Body

Additional relevant knowledge (i.e, specific qualifications)
Evidence of underpinning knowledge of conducting subjective and objective assessments:
Evidence of underpinning knowledge of the provision of sports massage techniques to prevent and manage injury:
Evidence of underpinning knowledge of treatment modalities to support soft tissue repair:
Attendance at CPD events. Additional skills acquired through CPD

Please attach any additional information you feel relevant to your application.