

Affix attachments listed in Section 4 HERE
 NB; Applications without correct documentation attached will be returned

Membership Renewal Form 2011/12



Massage New Zealand Inc | PO Box 4131 | HAMILTON EAST 3247 | membership@massagenewzealand.org.nz | Telephone: 0800 367 669

Please print clearly. Optional details are marked with an asterisk.

SECTION 1 : PERSONAL DETAILS (NB: This information will *NOT* be included in the MNZ Website)

First Name: **Last Name:**.....
Ph (home): **Residential Address:**
Mobile: **Street and No:**
Fax: **Suburb / RD**
Email:..... **City:**
Male **Female** **Postcode:**

SECTION 2: CLINIC DETAILS (NB: This information *WILL* be included in the MNZ Website and *WILL* be viewable by the public)

***Clinic Name:** ***Work Phone:**.....
***Clinic Address:**..... ***Work Fax:**.....
*** Suburb/RD**..... ***Mobile:**.....
City: *** Postcode:** ***Your Website:**.....
Email:

SECTION 3 : PRACTISE DETAILS (This information will be included in the MNZ website)

Please tick services you deliver in your workplace:

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Hot Stone Massage | <input type="checkbox"/> Polarity Therapies |
| <input type="checkbox"/> Aromatherapy Massage | <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Pregnancy Massage |
| <input type="checkbox"/> Bowen Therapy | <input type="checkbox"/> Infant Massage | <input type="checkbox"/> Quantum Touch |
| <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Swedish Massage |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> Manual Lymph Drainage | <input type="checkbox"/> Shiatsu Massage |
| <input type="checkbox"/> De Mousgraffe Method of Healing | <input type="checkbox"/> Mirimiri | <input type="checkbox"/> Soft Tissue Therapy |
| <input type="checkbox"/> Dorn Therapy | <input type="checkbox"/> Muscle Energy Techniques | <input type="checkbox"/> Sports Massage |
| <input type="checkbox"/> Energy Systems Massage | <input type="checkbox"/> Myofascial Release (MFR) | <input type="checkbox"/> Therapeutic Massage |
| <input type="checkbox"/> Fascial Kinetics (a Bowen Therapy) | <input type="checkbox"/> Neuromuscular Therapy (NMT) | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Foot Reflexology | <input type="checkbox"/> Oncology Massage | <input type="checkbox"/> Remedial Massage |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> On-site Chair Massage | <input type="checkbox"/> Trigger Point Therapy |
| | <input type="checkbox"/> Ortho-bionomy | |

Other modalities

Qualifications (50 words max).....

Experience (50 words max).....

SECTION 4 : ONGOING PROFESSIONAL DEVELOPMENT TRAINING EVIDENCE:

To receive their Practising Certificates, members are required to accrue points over a two year period, through on-going training as detailed below, and provide a copy of their **current First Aid Certificate**.

(If booked in to renew your First Aid Certificate, a copy of the enrolment receipt will suffice with a copy of the Certificate sent in when received.)

- ⇒ **RMTs: 80 points**
- ⇒ **CMTs: 40 points**

- ◇ You need to refer to the MNZ Professional Development Policy in order to complete this form which is attached.
- ◇ Start a new form each year and complete a line of this form for each Professional Development activity undertaken.
- ◇ Points can be accrued at any time over a two year period.
- ◇ Points accrued above the minimum requirement of 80/40 DO NOT roll over to the following two years.
- ◇ Professional development points will be fully covered for the year if you attend our conference, AGM and workshops (including pre-conference workshops for RMTs) in their entirety.
- ◇ Evidence of on-going training **must** be provided as listed on the MNZ Professional Development Policy which is attached.
- ◇ If you have not accrued any PD points for the year in which you are applying for membership, please note this on the form below.

RECORD (LOG SHEET) OF PROFESSIONAL DEVELOPMENT FOR ANNUAL PRACTISING CERTIFICATE:

Sheet No:

CPD Year:

DATE	PD Area/Category	Description of Professional Training	Was this Hands On Training	DOCUMENTATION/EVIDENCE of Professional training provided	Duration eg hours/days	Points Accrued
Example 28Sept 2011	Workshop	Pregnancy Massage	Yes	Certificate of attendance - attached	1 day	10
TOTAL PD POINTS accrued for the year						

MNZ Self Evaluation Form

The below form needs to be completed for following PD Areas:

- Peer Support/Networking;
- Supervision/Mentoring;
- Caring for mind, body & spirit;
- Publication – watching health/massage related DVD's or video's or reading health/massage related books, journals, articles

Your Name.....Date.....

Name of Publication.....

Author/Presenter.....

Summary (brief description of what this publication has taught you):

.....
.....
.....
.....
.....

Practice Integration (describe how this learning can be/has been incorporated in to your practice):

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.....
.....
.....

Relevant Publications include Books, Magazines, Articles, Discussion Papers; Audio recordings; DVDs; CD Roms; Videos.

One form must be completed per publication. Additional Self-evaluation forms can be downloaded from the members' area of the Massage New Zealand website (www.massagenewzealand.org.nz)

SECTION 5: ANNUAL PRACTISING CERTIFICATE

Name to appear on your Practising Certificate (*Print clearly*)

I have read and understood the MNZ Code of Ethics and agree to abide by the rules. The Code of Ethics is displayed in a public place in my practice.

Signature of Member: Date:20.....

SECTION 6: MEMBERSHIP LEVEL

Circle the level you are applying for

RMT \$245 CMT \$245 Associate \$145 Student \$50 Affiliate \$100

\$

N.B. **Affiliate** level is for training institutions or health related businesses, not for individual therapists.

Associate level is for therapists who do not have the required qualifications for registration at CMT or RMT level.

Students - Place College stamp + signature here

SECTION 7: AAMT MAGAZINE

AAMT Magazine \$60 (4 x issues per year: winter, spring, summer, autumn)

\$

TOTAL: \$

SECTION 8 : PAYMENT OPTIONS

Please tick one of the following methods of payment:

- ◇ Crossed cheque, made out to Massage New Zealand
- ◇ Internet banking to: MNZ, ASB A/c 12 3178 0064216-00 Date paid:
- ◇ Please charge my Credit Card No: Expiry date:

Card Holder Name: Card Holder Signature:

SECTION 9 : CHECKLIST OF ATTACHMENTS

I am enclosing the following with my completed and signed form: (*Please tick*)

- ◇ Renewal subscription fee
- ◇ Evidence of ongoing Training as listed on MNZ PD Policy
- ◇ Copy of current First Aid Certificate RMT/CMT

Please Note: Renewals which do not have ALL of the above attached will be returned

Signature of Member: Date:20.....