



Sound Therapy Association
Membership Secretary tel: +44 (0) 208 891 3798
 c/o PO Box 1111 email: contact@soundtherapyassn.org.uk
 Chichester, PO19 9HP website: www.soundtherapyassn.org.uk

Please complete in **BLOCK CAPITALS** with a **black ink pen**
 Please retain a copy of your application and supporting documents for your records

GROUP LEADER OR FACILITATOR- MEMBER APPLICATION

Section 1A: Contact Details (PLEASE PRINT CLEARLY)

TITLE			
FIRST NAME			
LAST NAME			
Address			
Town/City			
County		P Code	
Tel: (home)		Mob:	
Email Address			

Fees and Registration – please sign & date	'X'
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Application & STA Register Entry - fees

I enclose my cheque (payable to 'Sound Therapy Association') for

Single category: £25.00

Combined categories: (e.g. group leader/facilitator + practitioner) : £ 40.00

Fee covers membership for 1 year (or part thereof) Annual renewal date: 1st August

Signature: _____	Date: __/__/____
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For STA Admin use

Date received: _____	Date of Registration: _____
Amount received: £ _____	Registration No. : _____



Section 1B: Qualifications & Proof of ID

Please include the following COPY DOCUMENTS with your application

Checklist – Qualifications:	‘X’
• Copies of qualification certificate(s) for therapies listed	
• Copies of membership certificates for professional organizations specified	
• A current relevant insurance certificate(s) – practitioner/public liability/product liability	
• A copy of current CRB check (only if working with children or vulnerable adults)	
• A copy of current basic first aid certificate	
Checklist – Proof of ID:	‘X’
• A copy of photo ID (e.g. passport or DVLA photo licence)	
• A copy of a recent utility bill (within last 3 months)	

Failure to send documents will result in your application being delayed

Acceptance of STA Membership Terms & Conditions	‘X’
I declare I have read, understood & will comply with the STA Professional Standards and Code of Ethics	
I declare I have read, understood & will comply with the STA Continuing Professional Development (CPD) requirements	
I agree to pay my renewal fee for registration 14 days prior to the annual renewal due date (A reminder email will be sent to you 1 month in advance)	
Signature:	Date: __/__/____



Section 2: Education and Training Declaration
 (Please use BLOCK CAPITALS to complete this section)

As a group leader / facilitator STA best practice guidelines are as follows

First Aid	You are required to have an current First Aid qualification
Accident book	Check if the venue has an accident book and First Aid kit or you can carry them yourself. Any accidents must be noted.
Insurance	<p>You are required to have public liability insurance for holding groups / workshops / events.</p> <p>We recommend you check whether the premises you are using has current insurance in the event of an accident.</p>
Vulnerable people	If you are working with children or vulnerable individuals please make sure you have the relevant CRB checks in place.
Contra Indications	<p>If you are working in a therapeutic way, you are required to check contra indications of attendees. For the STA it is considered a breach of best practice to work with the following individuals.</p> <p>In the first trimester of pregnancy (knowingly)</p> <p>Suffering from a severe mental condition</p> <p>Have grand-mal seizures</p> <p>Require life-saving medication to be administered</p> <p>If you have medical qualifications and or a qualification / experience or insurance to cover any of the above, please include relevant documents with your application.</p> <p>Please also check with your insurance company (if not BALEN) in case they require you to adhere to other best practices.</p> <p>We also recommend you check with any other of your membership bodies.</p>



Section 3: Declarations

Declarations – Character & Health	Tick ‘ X ‘
Have you ever been convicted of a criminal offence, (other than minor motoring offences) or received a police caution or reprimand or final warning?	
Have there ever been disciplinary findings made against you, conditions imposed upon your practice by another regulatory or professional body or have you ever been party to civil proceedings relating to your professional practice?	
Do you have any health condition that would affect your ability to practice?	
<p>The following person is known to me in a professional capacity and has agreed to provide a good character reference on my behalf should the STA wish to contact him/her:</p> <p>Name</p> <p>Address</p> <p>.....</p> <p>Postcode</p> <p>Telephone</p>	
Signature	Date: __ / __ / __

NB: If you have ticked any of the above declarations, please give further details on a separate sheet