



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
 (Please use BLOCK CAPITALS to complete this section)

Training History:	Complete details for all therapies you want to register		
Therapy No: 1			
Therapy Name			
School/College			
Address			
City		P Code	
County		Tel:	
Date Attended		Course Length	
Certificate Award			
Therapy No: 2			
Therapy Name			
School/College			
Address			
City		P Code	
County		Tel:	
Date Attended		Course Length	
Certificate Award			
Therapy No: 3			
Therapy Name			
School/College			
Address			
City		P Code	
County		Tel:	
Date Attended		Course Length	
Certificate Award			



Section 3: Professional Associations / Memberships
 (Please use BLOCK CAPITALS to complete this section)

Memberships:	Are you a member of a professional organization you wish to include?		
Organization No: 1			
Name			
Address			
City		P Code	
County		Tel:	
Date Joined		Member No:	
Email Contact			
Organization No: 2			
Name			
Address			
City		P Code	
County		Tel:	
Date Joined		Member No:	
Email Contact			
Organization No: 3			
Name			
Address			
City		P Code	
County		Tel:	
Date Joined		Member No:	
Email Contact			



Section 5: 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 provide details on a separate sheet