



**Sound Therapy Association**  
**Membership Secretary**  
 c/o PO Box 1111  
 Chichester, PO19 9HP

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 email: [contact@soundtherapyassn.org.uk](mailto:contact@soundtherapyassn.org.uk)  
 website: [www.soundtherapyassn.org.uk](http://www.soundtherapyassn.org.uk)

Complete Sections 2-5 for each course to be affiliated by the STA.  
 Please supply additional / copy information requested where indicated (\*)

**SECTION 1A: Contact Information**

|                                   |  |
|-----------------------------------|--|
| Name of School or Course Provider |  |
| Address                           |  |
| Telephone Number                  |  |
| Email (PRINT clearly)             |  |
| Website                           |  |
| Name of Principal                 |  |
| Contact Name (if different)       |  |
| Position/Title                    |  |

**SECTION 1B: Memberships / Qualifications / Experience (\*)**

|   |  |
|---|--|
| Affiliations:<br>Give details of all membership and/or affiliating bodies                               |  |
| Qualifications: Principal<br>Attach brief CV with relevant experience (*)                               |  |
| Qualifications: Tutor(s)<br>If in-house, please submit outline of in-house tutor training programme (*) |  |



| Fees and Registration – please sign & date  |  | ‘X’              |
|---|--|------------------|
| Application & Register Entry - fees   |  |                  |
| I enclose my cheque (payable to ‘Sound Therapy Association’) for<br>School / Tutor category: £100.00 (Annual Renewal = £75.00)<br><br>Fee covers 1 year (or part thereof) Annual renewal date: 1 <sup>st</sup> August |  |                  |
| Acceptance of STA Membership Terms & Conditions   |  | ‘X’              |
| <b>We / I declare</b> I have read, understood & will comply with the<br>STA Professional Standards and Code of Ethics   |  |                  |
| <b>We / I declare</b> I have read, understood & will comply with the<br>STA Continuing Professional Development (CPD) requirements  |  |                  |
| <b>We / I agree</b> to pay my renewal fee for registration 14 days prior to the annual renewal<br>due date (A reminder email will be sent to you 1 month in advance)  |  |                  |
| The application details submitted are accurate and complete<br><br>Print Name: .....<br><br>School Name (if applies): .....   |  |                  |
| Signature: _____  |  | Date: __/__/____ |

| For STA Admin use        |                             |
|--------------------------|-----------------------------|
| Date received: _____     | Date of Registration: _____ |
| Amount received: £ _____ | Registration No. : _____    |

| SECTION 2: Course Information (Complete Sections 2 – 5 per course) |                   |                |
|--|-------------------|----------------|
| Name of Course   |                   |                |
| Level of Qualification awarded                                     |                   |                |
| Duration of course from start to finish – e.g 1 year               |                   |                |
| No. of days attendance during this time                            |                   |                |
| Task   | Brief Description | Total No (Hrs) |
| In Class: Practical  |                   |                |
| In Class: Theory   |                   |                |
| Homestudy: Theory  |                   |                |
| Homestudy: Practical (excluding case studies)                      |                   |                |
| Case-study: Total No of <b>treatments</b> not hours                |                   |                |
| Other: Please specify (use separate sheet if necessary)            |                   |                |
|  |                   |                |

| <b>SECTION 3: Teaching Methods – [approx percentages only]</b>             |      |              |
|--|------|--------------|
|  | Y/N  | Total: 100 % |
| Presentation/Lecture   |      |              |
| Experiential Learning (practical work)                                     |      |              |
| Question & Answer / peer discussion  |      |              |
| Do you use visual/audio aids? (give brief descriptions/use separate sheet) |      |              |
| Total  | 100% |              |

| <b>SECTION 4: Evaluation Methods</b>      |  |            |
|---|--|------------|
| Exam: Written                             |  | N/A        |
| Exam: Oral                                |  |            |
| Exam: Practical                           |  |            |
| Dissertation: (Please include word count) |  | Word Count |
| Tests:                                    |  |            |
| Observation:                              |  |            |
| Other: Please list below                  |  |            |
|   |  |            |
|   |  |            |

| <b>SECTION 5: Continuing Professional Development</b>   |          |
|---|----------|
| Does this course offer or require student CPD? (Please indicate)                                    | Yes / No |
| If yes, attach details: (e.g. points awarded / criteria set to maintain qualification/membership) * |          |





**SECTION 7: Schools Only**

**Current Tutor Register**

(School tutors are not awarded separate membership registration unless they apply on an individual basis)

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....
- 8. ....
- 9. ....
- 10. ....