



# Massage Association of Australia Ltd

ACN 131861115

ABN 63 131 861 115

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[office@maa.org.au](mailto:office@maa.org.au) email | [www.maa.org.au](http://www.maa.org.au) web

## ARHG APPLICATION

PLEASE EMAIL OR POST THIS APPLICATION TO MASSAGE AUSTRALIA  
**info@massageaustralia.com.au or PO BOX 253 Mittagong, NSW 2575**

<b>Massage Australia Member Number</b>			
First Name		Title	
Family Name			
Home Address (Street)			
Suburb		State	P/C
Landline Phone		Mobile	
Email (Private)			
Date of Birth		Country of Birth	Gender
Have you ever been known by another Name?			
If 'YES' please give name/s			
<i>If your name is different on any of your submitted documentation, evidence of legal name change may be required)</i>			
Have you ever been a previous member of MAA?			
If 'YES' please give old MAA Member Number			
Are you an Australian Resident or have a permit to work in Australia?			
Yes / No (please circle or highlight)			
Have you ever been convicted of a criminal offence, had a complaint made against you to a disciplinary or complaints body including other Associations, been suspended or expelled from other Associations, or been investigated, suspended or deregistered as a provider from any Health Fund?			
Yes / No (please circle or highlight)			
<p>Please complete the Fit and Proper Person Stat Dec attached to this application</p> <p><b>Fit &amp; Proper Person Declaration</b></p> <p>(Annual renewal)</p> <p><b>About this declaration</b></p> <p><i>In considering whether an Accredited Member is suitable for registration (initial and continuing) as a Health Fund Provider the MAA Code of Conduct, Ethics and Constitution along with the Health Fund Terms and Conditions requires an Accredited Member to disclose prior convictions for criminal offences or disciplinary proceedings, or pending complaints in relation to the occupation of Remedial Therapy or Myotherapy along with a declaration that the Accredited Member has not been rejected by similar Associations, or have been refused a Provider Number in</i></p>			

**Copy of Massage Qualification**

By Signing this Application I give permission for MASSAGE AUSTRALIA to provider a copy of this document to MAA

**Copy of Current First Aid Certificate (HLTAID003)**

By Signing this Application I give permission for MASSAGE AUSTRALIA to provider a copy of this document to MAA

**Copy of Current Insurance Certificate of Currency**

By Signing this Application I give permission for MASSAGE AUSTRALIA to provider a copy of this document to MAA

**Continuing Professional Education (CPE) for the past 12 months (CPE Record Sheet Attached)**

Please provider any CPE evidence you have of CPE within the last 12 months with this application to MAA.

By Signing this Application I give permission for MASSAGE AUSTRALIA to provider copies of any CPE the have on file, , to MAA

**Police Check** Yes / No (please circle or highlight)

If 'No' Several 'online' choices for applicants can be found by clicking on the links below:

<https://auspost.com.au/police-checks>

<https://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks>

<https://www.nationalcrimecheck.com.au/>

<https://cvcheck.com/national-police-check>

<https://www.veritascheck.com.au/>

A copy of your Police Check must be included with this application form to MAA for your ARHG registration.

*NOTE: If you have only recently undertaken a Police check and you are waiting on your Certificate, please provider evidence. Please write the reference number or receipt number for your Police check & the date you completed it: \_\_\_\_\_*

**ARHG Current Clinic Locations**

Please provide the following information for each Clinic location you currently work from.

**If you currently work at more than one (1) location, please supply a list on a separate piece of paper.**

Name of Clinic

Street Postal Address

*If this is in a Shopping Centre, please add Shop Number and name of Shopping Centre.*

Street Postal Address

Suburb, State, Post Code      Suburb      State      P/C

Clinic phone No.      Landline      Mobile

Clinic email address

**Photo Identification (ID)**      *Please send a copy of your Driver's License of Visa*

**Application Fee:** A reduced non-refundable Administration fee of \$70.00 is applied to assist Massage Australia ARHG Providers to continue to provide services for their ARHG clients.

**How to Pay by Account Transfer for the amount owing of \$70** (reference number when doing funds transfer is either your surname or MA member number)

**Option 1: Please Tick**

Bank Account: NAB

Account Name: Massage Australia

Account BSB: 082711

Account Number: 844961565

Date of Transfer:

**How to Pay by Credit Card Visa or Mastercard for the amount owing of \$70**

**Option 2: Please Tick**

Card Holder Name:

Card Number (please print clearly):

Card Expiry Date:     /     /

CSV (3 numbers on the back of the card):

**Payment due is \$70**

**SEND THIS APPLICATION TO MESSAGE AUSTRALIA  
info@massageaustralia.com.au or  
to PO BOX 253 Mittagong NSW 2575**

**Checklist**

I have attached all the documents required?                      Yes                      No

<b>Checklist - attach items listed</b>		<input checked="" type="checkbox"/>
Application Form checked and completed (all sections)		<input type="checkbox"/>
Evidence of legal name change (if applicable)		<input type="checkbox"/>
Fit & Proper Person Declaration		<input type="checkbox"/>
Education Qualification(s): copy Certificate/Testamur	SENT BY MESSAGE AUSTRALIA	<input checked="" type="checkbox"/>
Current First Aid Certificate	SENT BY MESSAGE AUSTRALIA	<input checked="" type="checkbox"/>
CPE Record Sheet	MESSAGE AUSTRALIA WILL PROVIDE CPE EVIDENCE IF POSSIBLE. PLEASE ADD WHAT YOU CAN TO THE FORM	<input type="checkbox"/>
Current PI & PL Insurance Policy	SENT BY MESSAGE AUSTRALIA	<input checked="" type="checkbox"/>
Police Check & Photo ID		<input type="checkbox"/>
List of ARHG additional clinic(s) if more than one clinic		<input type="checkbox"/>
Payment Option for \$70		<input type="checkbox"/>
<i>I agree to pay MA the non-refundable ARHG Administration Application Fee of \$70.00 when requested to do so.</i>		<input type="checkbox"/>
<i>On receipt of this request form and having been accepted and issued with a Member #, the Office will apply to ARHG on your behalf</i>		

## ACCREDITED MEMBER FIT AND PROPER PERSON REQUIREMENT DECLARATION

### About this declaration

In considering whether an Accredited Member is suitable for registration (initial and continuing) as a Health Fund Provider the MAA Code of Conduct, Ethics and Constitution along with the Health Fund Terms and Conditions requires an Accredited Member to disclose prior convictions for criminal offences or disciplinary proceedings, or pending complaints in relation to the occupation of Remedial Therapy or Myotherapy along with a declaration that the Accredited Member has not been rejected by similar Associations, or have been refused a Provider Number in the past.

### Completing this declaration

Each natural person (referred in this section as 'you') must answer all the questions in this declaration (expanding upon responses when required) and sign the declaration.

Please note that in addition to the criteria addressed within the questions in this declaration, MAA may consider any other relevant matter when assessing whether a person meets the Fit and Proper Person Requirements.

### Submitting this declaration

This declaration is to be submitted with an application for initial acceptance as an Accredited Member or annual renewal of an existing Accredited Membership.

Applications submitted without a signed and completed declaration will be considered incomplete and therefore returned to you for completion.

Assistance in completing this declaration

For assistance in completing this declaration please contact [office@maa.org.au](mailto:office@maa.org.au) . Further information about the MAA process (initial and renewal) is available from the MAA website at [www.maa.org.au](http://www.maa.org.au) .

You can also call the MAA Office on (03) 9773 1881 Monday to Friday 9:00 am to 4:00 pm except for public holidays.

## Fit and Proper Person Requirements declaration

Your Name	
Your Professional Title	
Your Clinic Business Legal Name (Your Business Name)	
Your Business ABN	if applicable
<i>If Employed by another Clinic:</i> The Business Name of your employing clinic	
<i>Your Employer's</i> ABN	

<b>Please answer the following questions and indicate with a ✓ in the appropriate answer column</b>		<b>YES</b>	<b>NO</b>
1.	Have you been convicted of an offence against a law of the Commonwealth of a state or territory?		
2.	Have you ever had your Membership suspended or cancelled by another Association?		
3.	Have you ever had any Health Provider Number suspended or cancelled by any Health Fund?		
4.	Have you ever had a condition imposed by any Health Fund on your Health Provider Number requiring you to rectify any matter?		
5.	Have you ever had a condition imposed on you by any other Association requiring you to rectify any matter relating to requirements of maintaining membership?		
6.	Have you ever shared any previous Health Fund provider number with any other therapist?		
7.	Have you ever previously used your Health Provider Number to bill for services not provided by you?		
8.	Have you ever claimed or advertised that the therapy you provide can cure any condition?		
9.	Have you ever had any Professional Indemnity and Public Liability application rejected?		
10.	Have you ever had sanctions placed on your place of business in relation to meeting the Infection Control Guidelines and Hygiene Procedures required of a Health Care Clinic?		
11.	Have you ever had sanctions placed on your place of business in relation to meeting the minimum physical standards and expectations of a Health Care Clinic to meet all State, Territory and Local Council Laws?		
12.	Have you ever advertised or provided services specifically for work within the sex industry?		
13.	Have you ever allowed another person to use your Membership Number so that they may gain access to Advertising Services?		

If you answered 'YES' to any of the questions 1 – 13 above, you must provide further details below.

<b>Question:</b>
Details:

<b>Question:</b>
Details:

<b>Question:</b>
Details:

If you have more than three questions then copy the table as many times as required onto a separate piece of paper and attach the additional pages to this declaration. Ensure that you have written your name on the attached paper.



Commonwealth of Australia  
STATUTORY DECLARATION  
*Statutory Declarations Act 1959*

1 *Insert the name, address and occupation of person making the declaration*

I,<sup>1</sup>

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

2

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

4 *Place*  
5 *Day*  
6 *Month and year*

Declared at <sup>4</sup> on <sup>5</sup> of <sup>6</sup>

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

**A statutory declaration under the *Statutory Declarations Act 1959* may be made before—**

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public Australian

Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*) Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961* Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service;  
or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made Police officer Registrar, or Deputy Registrar, of a court Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution



# CONTINUING PROFESSIONAL EDUCATION RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_

Phone: \_\_\_\_\_

Membership Number: \_\_\_\_\_

To fulfil the CPE criteria, minimum CPE points must be accumulated each Membership year.

## Membership Levels

Accredited Myotherapy (50 CPE Points)

Accredited Remedial (40 CPE Points)

Accredited Therapeutic (30 CPE Points)

General / Health & Wellbeing Member (20 CPE Points)

Please store this record in a safe place for a minimum of 3 years.

When requested by MAA to verify your CPE, a copy of this record with all required substantiating evidence must be forwarded to MAA.  
Self Service - Take control of your Business - Update your own records at any time by using your Self Service portal on the MAA website.  
Accredited Members: If your CPE Points drop below 20 Points at any time in the year, your Provider Numbers may stop working until the points rise above the required minimum 20 points for Accreditation with Health Funds

**KEEP YOUR CPE RECORDS UP TO DATE**

09/01/2020 Education Committee



## CONTINUING PROFESSIONAL EDUCATION PROGRAM

### What is CPE?

Continuing Professional Education (CPE) is defined as a well-structured program of further education for graduates in professional occupations.

The MAA CPE Policy is designed to ensure all members regularly update their clinical skills, business skills and professional knowledge.

### General Members/Health & Wellbeing

CPE is an important element of maintaining a General membership

- (1) Membership of the Association (Fees Paid on Time)
- (2) Current Professional Indemnity Insurance
- (3) Current First Aid certificate
- (4) Massage or related modality qualification either achieved in Australia or Overseas
- (5) A commitment of 20 CPE points per membership year

### Accredited Members

CPE is an important element of maintaining status as a provider with Australian health insurance funds. These funds require that providers must be up to date with the following in order to be recognised as a provider of health benefits in the discipline of massage therapy:

- (1) Membership of a recognised Association (Fees Paid on Time)
- (2) Current professional indemnity insurance
- (3) Current Level 2 First Aid certificate
- (4) Massage therapy qualifications at either the HLT Certificate IV in Massage Therapy Practice, HLT Diploma of Remedial Massage, 21920VIC Advanced Diploma of Remedial Massage (Myotherapy) or 22248VIC Advanced Diploma of Myotherapy or Bachelor degree level gained from an Australian Registered Training Organisation (RTO)
- (5) A commitment to CPE as listed per level under 'What are my CPE requirements?' found on page 2

### Principles Underpinning the CPE Policy

The CPE Policy is founded on the following principles:

- Easily accessible to all members, regardless of geographic location
- Members to be given broad latitude in the selection and design of their individual learning programs
- Applicable to not only massage therapy disciplines, but also to relevant practices involving direct client/patient care.
- Encourages all aspects of clinical practice as well as activities associated in managing a small business eg bookkeeping, advertising and marketing, research, law and ethics.
- Seminars, workshops and conferences that qualify for CPE points must be of a high standard and encompass both broad based topics as well as discipline-specific topics
- Effectively managed by MAA administration and the committee
- Financially viable so that costs are not prohibitive, especially to those in remote areas
- Relevant to the learning needs of practitioners, considering different learning styles and needs
- Collaborative process between professional complementary medicine associations, teaching institutions and government agencies to offer members the widest possible choice in CPE activities
- Welcomes feedback from MAA members for the future development and implementation of the program.

### What are my CPE requirements?

**All levels of membership are to achieve a minimum of 20 CPE points of education over each year of membership**

One hour of activity generally equates with one CPE point. For example, an all-day seminar/workshop involves attendance as well as study of the reading material normally allocated expected completion time by the person delivering.

If a member exceeds their allocated CPE points in a year, a maximum of 10 CPE points can be carried over into the next year.

### **CPE and Non-Practising Members**

As members may be non-practising for several reasons eg maternity leave, recovery from illness, family illness, travelling overseas etc, they are not required to complete the CPE allocated to their level of membership. CPE is only applicable to practicing members.

### **CPE Record Keeping**

The onus of record keeping is the responsibility of each member. Members are issued with a CPE Record form together with their renewal notice, and this must be completed and returned with the renewal form and membership fees for the upcoming year.

### **Annual renewals cannot be finalised until CPE requirements have been met for the previous year and membership certificates will not be issued until this has been satisfied.**

The requirement of proof is an essential factor in the CPE process, and the evidence produced must be reasonably self-evident that the activity was undertaken.

### **Publicising of CPE Activities**

Suggested CPE activities are advertised through the quarterly newsletter and on the MAA website.

**Please note:** Watching youtube videos is not accepted for CPE points unless there is evidence of an Assessment Process e.g. Part of a training program/workbook/Industry newsletter/subscription/or specifically notified to you by the MAA Education Committee

**They are great for learning but unless there is some assessment process attached to them there is no real evidence to provide CPE points.**



**Examples of Activities that qualify for CPE Points**

<b>Activity</b>	<b>Points</b>	<b>Evidence</b>
Massage or massage related qualification General Member – MAA Approved	20	AQF Certificate issues by RTO or University
Health & Wellbeing Member – MAA Approved	20	Proof of completion
Certificate IV Massage Therapy – MAA Approved related Modality	30	
Diploma of Remedial Massage - MAA Approved related Modality	40	
Advance Diploma of Myotherapy – MAA Approved related Modality	40	
Bachelor Degree (Musculoskeletal Therapy) (Myotherapy)	50	
Postgraduate study in complementary medicine: Graduate Diploma	50	Postgraduate Certificate Proof of completion
Masters	50	
PhD	50	
Courses 20 +hours in clinical practice or business management of the clinic	20	Proof of completion
Individual Units from any National Training Package course	20 points each Unit	Statement of Attainment
All day seminars, workshops or conferences	1 point per hour	Proof of attendance
Two day seminars, workshops or conferences	1 point per hour	Proof of attendance
Half day seminars, workshops or conferences	1 point per hour	Proof of attendance
MAA Pre-Approved seminar, workshop or conference	Points as advertised by MAA	Proof of Attendance/Participation
Participation with a club or organisation where the practitioner is involved in using their qualification/experience	1 point per hour	Proof of participation with number of hours
Professional seminars by telephone or Skype	1 point per hour	Proof of participation with number of hours
Webinar	1 point per hour	Proof of attendance
MAA Pre-Approved Webinar	Points as advertised by MAA	Proof of attendance
Professional seminars and bulletin board participation by the Internet	1 point per hour	Proof of participation with number of hours
Professional development though paid subscription to journals related to clinical practice and business management of the clinic	5 points per sub	Proof of subscription
Professional development through reading books related to clinical practice and business management of the clinic	5 points per book	Proof of purchase/loan
Professional development through instructional DVD's and CD-ROMs	20 points per material	Proof of purchase
Free subscription to an electronic journal or videos via the Internet related to clinical practice or business management of the clinic	2 points per sub	Proof of subscription eg. copy of table of contents
Participation in a local group of practitioners to enhance clinical practice (e.g. 'study group' or 'In House Training')	1 point per hour	Written evidence of participation by group leader
Volunteer work in charitable events, sports events and community based projects	1 point per hour	Written evidence of participation by group leader
Author or joint author of a published book or DVDs relating to clinical practice	40	Copy of the book or DVD
Author or joint author of a published YouTube Video relating to business or clinical practice	10 points per video	Copy of YouTube link to video (Your name must appear on credits)
Writing a published article related to clinical practice	10 points per article	Copy of the article
Presentation at a seminar, workshop or conferences	5 points per hour	Proof of presentation
<b>Attendance at MAA Annual AGM</b>	<b>10 points</b>	<b>Proof of attendance</b>
MAA required reading Free CPE Point material	Points as advertised by MAA	Proof of completion
MAA sponsored Event participation	Points as advertised by MAA	Written evidence of participation by group leader
CPR update	5	Proof of completion

