



Massage Association of Australia Ltd.

Formal Application for RENEWAL ACCREDITED Remedial Membership

MAA Member Administration
Massage Association of Australia Ltd
PO Box 2019
Moorabbin VIC 3189



Massage Association of Australia Ltd

ACN 131 861 115

ABN 63 131 861 115

PO Box 2019 | Moorabbin VIC 3189

+613 9555 9900 office | +613 9555 9904 fax

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INFORMATION ABOUT ACCREDITED REMEDIAL RENEWAL MEMBERSHIP - POLICY

Accredited Remedial Membership Renewal

Accredited Remedial Membership Renewal Fee –

Administration Fee

Membership \$130.00

Sub Total \$130.00

GST \$ 13.00

TOTAL FEE \$143.00

Insurance – Check that your insurance is up to date. If it is expiring, renew your Policy directly with Insurance House (IH) and send a copy of your Renewed Policy to the Office, office@maa.org.au so your records can be updated and your information placed on the Health Funds Lists available to you.

Insurance – If you have previously been a member of another Association, check that your insurance is up to date. If it is expiring, renew your Policy directly with Insurance House (IH) (or you may wish to renew with your existing Insurance Company) and send a copy of your Renewed Policy to the Office, office@maa.org.au so your records can be updated and your information placed on the Health Funds Lists available to you.

First Aid – Check your First Aid Certificate and ensure it is still up to date (current)

CPE – Check your CPE Points are up to date (40 CPE Points required at MAA Accredited Remedial Membership Level)

Advantages of Accredited Remedial Membership with MAA

Having the philosophical underpinning of 'representing all massage practitioners at differing levels of the industry', MAA also offers support and guidance to graduates of the Certificate IV in Massage Therapy Practice, irrespective of type or style of massage. MAA considers that practitioners of Stress Reduction and Relaxation Massage and massage related modalities are important to the future of the health industry and to the association. It therefore created an Accredited Therapeutic Membership level that confers all rights of membership. The right to work as Professional Complementary and Alternative Health Practitioners supported by an Association that has the interests of the whole Industry, the Stakeholders and members of the Community, at the heart of its Constitution.

MAA encourages its Accredited Therapeutic Membership to engage in continued development of their professional career by obtaining their Diploma of Remedial Massage as outlined in the National Health Training Package.

As an Accredited Therapeutic Member, MAA Members are eligible to work as basic level massage therapists. They are skilled in therapeutic relaxation massage including basic health assessment and treatment and they may work:

- within a clinic or in their own clinic
- in an aged care facility
- in a health service
- in a spa facility or
- in a palliative care facility or hospital

MAA Accredited Therapeutic Members may refer to themselves as:

- Massage Therapist
- Massage Therapist Practitioner, or as an
- Assistant Massage Therapist

MAA Accredited therapeutic Members carry all the rights of full MAA Membership

MAA Accredited Therapeutic Members are eligible to apply for a limited number of Health Fund Provider Numbers to commence their journey into the area of Providers of Services for Health Fund eligible Members.

In comparison, as an Accredited Remedial Member, MAA Members are eligible to work as Remedial practitioners and at this level:

- may be self employed as independent practitioners or
- may work within a larger health service.

MAA Accredited Remedial Members are expected to:

- cover the provision of remedial massage treatment to clients with specific needs such as –
 - injury management,
 - rehabilitation,
 - palliative care,
 - aged care,
 - women and children and
 - be able to manage a range of chronic and acute conditions across a diverse population of age and gender

At all times, MAA Accredited Remedial Members are expected to inform their work with cultural awareness and respectful practice with clients and co-workers from culturally and linguistically diverse backgrounds.

MAA Accredited Remedial Members as Practitioners at this level may supervise other massage therapists.

MAA Accredited Remedial Members may refer to themselves as:

- Remedial Massage Practitioner
- Remedial Massage Therapist
- Remedial Therapist

MAA Accredited Remedial Members are expected to have achieved, from their training, a breadth, depth and complexity covering planning and initiation of alternative approaches to skills or knowledge applications across a broad range of technical and/or management requirements, evaluation and coordination.

MAA Accredited Remedial Members are expected to apply the self directed application of knowledge and skills, with substantial depth in some areas where judgement is required in planning and selecting appropriate equipment, services and techniques for self and others.

The applications involve participation in development of strategic initiatives as well as personal responsibility and autonomy in performing complex technical operations or organising others. It may include participation in teams including teams concerned with planning and evaluation functions. Group or team coordination may be involved.

MAA accepts that the degree of emphasis for individual MAA Remedial Members may vary in relation to breadth as against depth of knowledge and skills between qualifications gained at various RTOs via their Individual Training Plan agreements.

The Distinguishing Features of MAA Accredited Remedial Members is based on the Learning Outcomes of the Qualification they receive via their training.

The competencies or learning outcomes of their training enable an individual MAA Remedial Member with this qualification to:

- demonstrate understanding of a broad knowledge base incorporating theoretical concepts, with substantial depth in some areas;
- analyse and plan approaches to technical problems or management requirements;
- transfer and apply theoretical concepts and/or technical or creative skills to a range of situations;
- evaluate information, using it to forecast for planning or research purposes;
- take responsibility for own outputs in relation to broad quantity and quality parameters; and take some responsibility for the achievement of group outcomes.

The following outlines positive aspects of Accredited Remedial Membership of MAA:

- Being part of a **growing Complementary and Alternative Health Industry**.
- Gaining access to **professional insurance** (at very competitive rates with significant savings and to \$10 million liability).
- Establishment of a Professional Profile Foundation building a Professional Practitioner Health Industry ethic and business risk management philosophy.
- Having the support of a **well established association**.
- Having access to MAA **resources, networking, seminars, workshops and events**.
- Having access to Newspaper Advertising as a professional therapist.
- Having access to the quarterly MAA **e-newsletter**.
- Gaining an **Accredited Membership Certificate** to display.
- Guidance in Professional Conduct via the Codes of Conduct for all unregistered health care practitioners.
- Preparedness for various emergency health events via required ongoing training in First Aid.
- Engagement in the positive aspects of Life Long Learning via the Continuing Professional Education requirements of membership.
- Having access to the Advocacy services offered by MAA in relation to an Accredited Remedial Member wishing to develop an Income Stream by Servicing Health Fund eligible Members.
- Having access to individually designed Rectification Programmes (if required) to maintain Health Provider Status.
- Peace of mind with public and industry recognition of the work done to help others along the journey of health and knowing they are recognised at a professional accredited remedial membership level for this work commitment.

Selection Criteria

The following must be applicable prior to a person being approved by MAA as an **Accredited Remedial Member**:

- ☐ At the time of application be an **existing MAA Accredited Therapeutic Member**
- ☐ At the time of application, the applicant must have completed the HLT Diploma of Remedial Massage with a recognised University or RTO.
- ☐ At the time of application, the applicant must provide a certified copy of Photo Identification (i.e. Passport / Drivers Licence / Working With Children Card (WWC) or already have this on record within their Membership file)
- ☐ At the time of application the applicant must provide a copy of the **AQF Diploma of Remedial Massage Certificate and Statements of Results**
- ☐ At the time of application be able to provide a current copy of the **AQF Statement of Attainment for First Aid**
- ☐ At the time of application be eligible to apply for **Professional Indemnity (Malpractice) Insurance** or already be able to provide a copy of a current Insurance Policy
- ☐ At the time of application be eligible for recognition as a Fit and Proper Person by completing the supplied **Fit and Proper Person Declaration Form**
- ☐ At the time of application be able to provide a copy of their **Client Record template** as used in their private clinic or the clinic they work from
- ☐ At the time of application be able to provide a copy of at least one (1) flyer / pamphlet / brochure / advertising material that **promotes scientifically researched evidence-based practices in the promotion of Remedial Therapy** they provide for their clients
- ☐ At the time of application be able to provide a copy of their **Infection Control Policy and Procedure** including the **Risk Management Planning**
- ☐ At the time of application be able to provide a copy of their **WHS (OHS) Policy and Procedure**
- ☐ At the time of application be able to provide a completed and signed copy of the **MAA Members Agreement Medibank Private MPL Safe Use of Provider Number V4 February 2014**
- ☐ At the time of application be able to provide a copy of the Diploma of Remedial Massage **timetable** for the course they attended
- ☐ At the time of application indicate that they are **willing to undergo additional training (if required)** to achieve the criteria, as set by Medibank Private, to be eligible for Advocacy and selection as a Health Service Provider for Medibank Private
- ☐ Indicate that they have read and understand the information outlined in the **MAA Medibank Private Ltd Requirements for Recognised Providers Accredited Members Remedial V1 2014**
- ☐ Indicate that they have read and understand the information outlined in the **MAA V116032014 STANDARDS OF PRACTICE GUIDELINES MANAGEMENT OF CLIENT RECORDS**
- ☐ Agree to adhere to the **MAA Code of Conduct** or, if working in **NSW** or **SA**, the **State Unregistered Health Care Professionals Code of Conduct**.
- ☐ Agree to undertake **40 points Continuing Professional Education (CPE)** to be completed within 12 months of joining MAA
- ☐ Agree **not to enter** into practice within the **sex industry**
 - Agree to obtain a Working With Children Card (WWC) or equivalent State requirement, if they intend working with children in any capacity
- ☐ Agree to **send to Health Funds any materials requested by Health Funds** when asked to by the Health Funds
- ☐ Agree to **advise MAA of any request from Health Funds to send Materials** to them and outline the nature of the materials requested
- ☐ Agree to advise MAA if they are **transitioning over from another Association**
- ☐ **Pay** the Accredited Remedial Membership **Fee**

NOTE: Accredited Remedial Members may wish to stay at this level unless they wish to apply to climb the Ladder of Accreditation and become an Accredited Myotherapy Member.

Accredited Remedial Member Continuing Membership:

To maintain the good standing of the Accredited Remedial Member the Accredited Remedial Member must:

- At the Renewal of Membership date:
 - a) pay the Renewal Fee on time
 - b) ensure the First Aid Certificate is current
 - c) ensure the Insurance Policy is Current
 - d) ensure all CPE completed is sent to the Office for recording along with the Plan for achieving any CPE that falls short of the required level of CPE. The Plan must contain an expected completion date. Any CPE that is outstanding for the previous 12 months must be completed prior to the commencement of the new annual required CPE points
 - e) ensure contact phone number and email address is current
 - f) ensure home address is current
 - g) ensure clinic(s) name(s) and address(s) is/are current working location(s)
 - h) ensure you are displaying your MAA Membership Certificate
 - i) ensure you are displaying your Code of Conduct
 - j) ensure your Infection control Policies and Procedures are up to date
 - k) ensure your WHS (OHS) Policies and Procedures are up to date
 - l) ensure your Client Records are kept in the manner required of an Accredited Member
 - m) provide all signed agreements when requested to by the Memberships Office
 - n) if you are aware that a complaint of any kind has been laid against you, contact the Memberships Office and advise the nature of the complaint
 - o) follow the recommendations given to you by the Memberships Office in relation to your disclosed information about a known complaint
 - p) in the case that the Memberships Office receives a complaint about you the Memberships Office will advise you of the complaint and the nature of the complaint
 - q) depending on the nature of the complaint, take steps to rectify the issue
 - r) advise the Memberships Office of the steps you have taken to rectify the issue
 - s) if it is found that you have broken the MAA Code of Conduct the Memberships Office will give you opportunity to explain your case and appeal any decision to expel you
 - t) provide all requested Auditing Evidence when requested by the Memberships Office
 - u) if, for any reason, the Auditing Evidence requested by the Memberships Office falls below the Minimum Standard required for Accredited Members, the Member MUST agree to undergo a Rectification Program to maintain Accreditation Status at the existing level.

NOTE: If an Accredited Member is required to undergo a Rectification Program the Member is temporarily removed from all Health Fund Provider Lists until the matter is rectified. The expected length of the Rectification Program in most cases is 12 weeks (3 Months). The Member may stay at their existing Membership Level during this Rectification time.

On satisfactory Rectification of the matter requiring rectification, the Health Funds are advised and the Member is returned to the Members former status as a Health Fund Provider of good standing.

All Rectification Programs completed are recorded and counted towards the Members CPE points.

NOTE: If Member is requested directly by a Health Fund to supply Auditing Evidence the Member is to notify the Memberships Office immediately. Guidance and Assistance, where possible, will be given to the Member.

If a Member is requested directly by a Health Fund to supply Auditing Evidence the Member MUST supply the evidence requested to the Health Fund. Failure to do so leaves the Health Funds in the position that they MUST EXPELL the Member from the Health Funds Lists for non compliance with a Health Fund directive.

Once Expulsion by one Health Fund has occurred it is extremely difficult for a Member to be reinstated as a Health Fund Provider for any Health Fund. All Provider Numbers are removed by all Health Funds and the Association is advised of the same from Health Funds.

Once a Health Fund EXPELLS a Member, the Memberships Office MUST discuss the matter with the offending Member and clarify the issues that surround the non compliance with a Health Fund directive. At this stage the Memberships Office MUST remove the Member from all Health Fund Lists and downgrade the Member to General Level.

Depending on the gravity of the matter asked to be rectified by the Health Fund, the Member may remain a MAA General Member while they undergo the Required Rectification Program.

If the Matter is related to proven FRAUD having been committed or evidence of working in the Sex Industry, the Member MUST be expelled by the Members Office and no longer can enjoy the benefits of any level of Membership with MAA.

Once a Health Fund EXPELLED Member has completed the required Rectification and the Health Fund is satisfied that the Member is unlikely to offend again, the now General Member is required to climb the ladder, step by step, back to the original good standing that the Member previously enjoyed. Fees and conditions relating to each step up the ladder must be paid and all conditions completed along the way.

In order for the Memberships Office to assist and support Members, it is advised that Members adopt the professional ethos of openness and transparency to facilitate return to good standing where possible.

- v) if a Member at any level is brought before the court the final outcome as determined by the court and the severity of the wrongdoing, is taken into consideration. Each case is addressed individually but the Member involved is downgraded to General Membership Level until a final decision about suitability of MAA Membership is determined.
- w) in the case of a criminal charge being laid and the member found to be guilty of the crime by the court, the member MUST be expelled by the Memberships Office. There is no Rectification Program to reinstate a former member so charged.

All Levels - Member on Extended Leave:

If the Member is taking Extended Leave for any reason, the Member MUST advise the Membership Office of the reason and expected duration of the Extended Leave and:

- **Remain a Financial Member at the existing level of Accreditation.**

All other requirements of the existing level of General or Accreditation Membership are waived for the duration of the Extended Leave

- The Accredited Extended Leave Member will be removed from the Health Fund Provider Lists for the duration of the extended leave notified to the Membership Office

- On returning from Extended Leave both General and Accredited Members MUST ensure that the Currency of requirements of First Aid and Insurance are in place and provide the evidence of that currency.
- All General and Accredited members are to provide a Plan to the Membership Office for achieving the requirements of any outstanding CPE for the coming year
- At the Renewal of Membership date:
 - a) pay the Renewal Fee on time
 - b) ensure the First Aid Certificate is current
 - c) ensure the Insurance Policy is Current
 - d) ensure any CPE completed during Extended Leave is sent to the Office for recording along with the Plan for achieving any CPE that falls short of the required level of CPE
 - e) ensure contact phone number and email address is current
 - f) ensure home address is current
 - g) ensure clinic(s) name(s) and address(s) is/are current working location(s)
 - h) send a letter of request to the Memberships Office for Advocacy to Health Funds to be reinstated on the Health Fund Provider Status lists
 - i) provide all signed agreements when requested to by the Memberships Office
 - j) provide all requested Auditing Evidence for Accredited Members when requested by the Memberships Office

Voting Rights

Accredited Remedial Members have full voting rights to select MAA Board Members at the Annual General Meeting.

Fees

The annual 2014 / 2015 Financial Year application fee for **continuing (renewal) accredited remedial membership** shall be \$143.00 (inc GST)

Insurance:

A separate Insurance Application Form is required. MAA will issue the Accredited Member with a Member Number to be used to apply for the MAA discounted Professional Indemnity (Malpractice) Insurance and the Public Liability Insurance required by all Accredited Members. The MAA Insurance Company, Insurance House (IH), will provide the required Insurance policy to the Member. On receipt to the Policy the Accredited Member is to send a copy of the policy to the MAA Office for inclusion in the Members file.

First Aid:

Accredited members are required to hold the **AQF Statement of Attainment** issued by an eligible RTO for the Unit: **Apply First Aid**

Continuing Professional Education (CPE):

Accredited Remedial members are required to complete 40 CPE points within each 12 months of Accredited Remedial Membership

Codes of Conduct:

- Accredited Members working in NSW are required to adhere to the Code of Conduct for unregistered Health Practitioners (NSW)
- Accredited Members working in SA are required to adhere to the Code of Conduct for unregistered Health Practitioners (SA)
- Accredited Members working in all other states are required to adhere to the MAA General Code of Conduct



Massage Association of Australia Ltd

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CODE OF CONDUCT

Objective

The objective of the Massage Association of Australia's (MAA) Code of Conduct is to provide its practitioners with a basis for professional and self reflection, and evaluation on ethical conduct. This document defines and identifies acceptable behaviour, promotes high standards of practice, and establishes a framework for professional behaviour and responsibilities.

The MAA is a professional organisation and has an obligation to its members, the general public and the industry as a whole.

The Public Interest

- Members shall ensure that within their chosen fields they have appropriate knowledge and understanding of relevant legislation; Federal, State, Territory and local council laws and regulations; and that they comply with such requirements.
- Members shall in their professional practice have regard to basic human rights, compassion and respect for others and shall avoid any actions that adversely affect such rights.

Duty of Client Care

- Members shall practice within the boundaries of their qualification/s and shall cause no harm to clients either of a physical or emotional nature.
- Members shall carry out treatment with due care and diligence in accordance with the requirements of the client and will treat according to the client's informed consent.
- Where a client is unable to give informed consent for any reason (for example medical condition, psychological state of mind, age), informed consent must be obtained from the client's legal guardian.
- When treating minors (under 16 years of age) the client must be accompanied for treatment by a parent or guardian and have permission for any treatment.
- Uphold client confidentiality.
- Members must maintain accurate clinical records in a secured environment, for the duration necessary to meet legal requirements.
- Members must recognise their professional limitations and be prepared to refer a client to other health service practitioners as appropriate.
- Members shall not engage in services that are sexual in nature with the client.

Duty to the Profession

- Members shall uphold the reputation of the profession and shall seek to improve professional standards through participation in personal development and will avoid any action, which will adversely affect the good standing of the MAA.
- Members shall seek to advance public knowledge and to counter false or misleading statements, which are detrimental to the profession.
- Members shall act with integrity toward fellow therapists/practitioners and to members of other professions with whom they are concerned in a professional capacity.

Professional Competence and Integrity

- Members shall maintain professional skills to represent themselves at a professional standard, seeking to continue or maintain personal and professional development skills.
- Members shall accept professional responsibility for their work.
- Members shall not lay claim to any level of competence which they do not possess, or provide services which are not within their professional competence.

Advertising

- Members must not advertise in a false, misleading or deceptive manner.
- Members must not abuse the trust or exploit the lack of knowledge of consumers.
- Members must not make claims of treatments that cannot be substantiated.
- Members must not encourage excessive or inappropriate use of services.

Privacy

- Members will abide by the requirements of Federal, State and Territory privacy and patient record law.
- Members shall honour the information given by a client in the therapeutic relationship.
- Members shall ensure that there will be no wrongful disclosure, either directly or indirectly, of personal information.
- Records must be securely stored, archived, passed on or disposed of in accordance with Federal, State and Territory record law.
- The client has a right to be adequately informed as to their treatment plan and have access to their information as far as the law permits.

Disciplinary Procedures

This Code sets out certain basic principles that are intended to help members maintain the highest standards of professional conduct. All members must accept professional, legal and ethical responsibilities in order to protect themselves and the public's interest.

Should a case arise where a member is in breach of the Code of Conduct, MAA has the right to cancel a practitioner's membership or take other action in accordance with Section 11 of the Constitution.

Further information can be found in the MAA's Constitution and in the Complaints, Disputes and Disciplinary Procedures.



PO Box 2019 Moorabbin VIC 3189

(03) 9555 9900 office | (03) 9555 9904 fax

office@maa.org.au email | www.maa.org.au web

ACCREDITED REMEDIAL MEMBER RENEWAL APPLICATION FORM

Please read the requirements set out below and tick the relevant boxes. Please return the form, signed and dated to our office, ensuring that you attach all documentation and your payment.

Name: Mr / Mrs / Ms

Address: (*home*)

Suburb: State: Postcode:

Tel: (*home*): (.....) Mobile:

E-mail:

Postal Address: (*if different to above*)

Suburb: State: Postcode:

Office Use Only:
Member No.:
HLT Dip RM:
Insurance:
First Aid:
Declaration:
MPL Safe Use:
Date Payment Completed:
Date Joined:
Date Received:
Date Cert. Issued:

Current practice/shop Business Name:

Current practice/shop Business Address: Street No. & Name:

Suburb: State: Postcode:

Telephone: (Bus) (.....) Mobile: My ABN

(If you work from more than 1 location please attach a list of all locations on a separate piece of paper and attach it to this form)

Please attach the following items to this Application form and ✓ the ☐

- ☐ I am renewing my MAA Accredited Remedial Membership
- ☐ I have provided a certified copy of Photo Identification (i.e. Passport / Drivers Licence / Working With Children Card (WWC) or already have this on record within my Membership file)
- ☐ I have provided a copy of my **AQF Diploma of Remedial Massage Certificate and Statements of Results**
- ☐ I have provided a current copy of my **AQF Statement of Attainment for First Aid**
- ☐ I have provided a current copy of my **Professional Indemnity (Malpractice) Insurance**
- ☐ I have provided a completed and signed copy of my **Fit and Proper Person Declaration Form**
- ☐ I have provided a completed and signed copy of my **MAA Members Agreement Medibank Private MPL Safe Use of Provider Number V4 February 2014**
- ☐ I have provided a copy of my **Client Record template** as used in my private clinic or the clinic where I work
- ☐ I have provided a copy of at least one (1) flyer / pamphlet / brochure / advertising material that **promotes scientifically researched evidence-based practices about the Remedial Therapy** that I provide for my clients
- ☐ I have provided a copy of my **Infection Control Policy and Procedure** including the **Risk Management Planning**
- ☐ I have provided a copy of my **WHS (OHS) Policy and Procedure**
- ☐ I have completed my Application Payment details on the form provided

(Please continue to page 2 of this application)

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before signing this form please make sure that you have read the following statements:

- ☐ I am willing to **undergo additional training (if required)** to achieve the criteria, as set by Medibank Private from time to time, to be eligible for Advocacy and selection as a Health Service Provider for Medibank Private
- ☐ I have read and understand the information outlined in the **MAA Medibank Private Ltd Requirements for Recognised Providers Accredited Members Remedial V1 2014**
- ☐ I have read and understand the information outlined in the **MAA V116032014 STANDARDS OF PRACTICE GUIDELINES MANAGEMENT OF CLIENT RECORDS**
- ☐ I agree to adhere to the **MAA Code of Conduct** or, if working in **NSW** or **SA**, the **State Unregistered Health Care Professionals Code of Conduct**
- ☐ I have read the **Rules of the Association, (The Constitution)**, and its **Mission Statement** found on the website
- ☐ I undertake, accept and abide by the **Rules of the Association**, its **Mission Statement** and its **Code of Conduct**
- ☐ I agree to undertake **40 points Continuing Professional Education (CPE)** to be completed within 12 months of renewing my Accredited Remedial Membership.
- ☐ I agree **not to enter** into practice within the **sex industry**
- ☐ I agree to obtain a Working With Children Card (WWC) or equivalent State requirement, if I intend working with children in any capacity
- ☐ I agree to **send to Health Funds any materials requested by Health Funds** for Auditing Purposes when asked to by the Health Funds
- ☐ I agree to **advise MAA of any request from Health Funds to send Materials** to them and outline the nature of the materials requested
- ☐ I agree to **send to MAA any materials requested by MAA** for Auditing purposes when asked to by MAA
- ☐ I specifically state I have not been issued with a license under the PC Act of 1994/1995 which would preclude me from membership in this Association.
 - ☐ I will not commit any actions as described under that Act while I am a member of the MAA Ltd. on penalty of cancellation of membership.
- ☐ I have not had my membership of any other massage or allied health association cancelled. If I fail to disclose such information, I agree to instant cancellation of my membership in the MAA Ltd.

Signed: on this day:

ACCREDITED REMEDIAL MEMBER RENEWAL APPLICATION FORM

Applicant Payment Details

Applicant Name: Mr / Mrs / Ms

☐ **Accredited Remedial Membership Renewal fee \$143.00** (incl GST)

Accepted Methods of Payment only as stated below

☐ Cheque
payable to MAA
(PO Box 2019 Moorabbin VIC 3189)

☐ Money Order

☐ Direct Deposit

Bendigo Bank: BSB 633-000 Account No: 1311 65292
Reference: (your full name)

please email the office to advise the → Date of payment / /

OR

please charge my: : ☐ Visa card ☐ Master card Total amount AU\$

Account No / / / Expiry Date /

Card Holder's Name: Card Holder's Signature :

Page 3 of 3 Accredited Remedial Member Renewal Application Form



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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 Massage Therapy, 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 of 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 . Further information about the MAA process (initial and renewal) is available from the MAA website at www.maa.org.au .

You can also call the MAA Office on (03) 9555 9900 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	
<i>If Employed by another Clinic:</i> The Business Name of your employing clinic	
<i>Your Employer's</i> ABN	
Your MAA member number	

<i>Please answer the following questions and indicate with a ✓ in the appropriate answer column</i>		YES	NO
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.

Question:
Details:

Question:
Details:

Question:
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,¹

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 ⁴ on ⁵ of ⁶

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

(Return with your Accredited Member Application Form or when updating your Annual Accredited Membership)

Modes of Return:

Fax: (03) 9555 9904
Email as attachment: office@maa.org.au
Post: PO Box 2019, MOORABBIN, VIC, 3189
Physical Delivery: 12 Station Street, MOORABBIN, VIC, 3189 (Office hours 9:00 am – 4:00 pm
Monday to Friday excluding public holidays)

If you require assistance or further information please contact the MAA Office at your earliest convenience.



Massage Association of Australia Ltd

ACN 131 861 115

ABN 63 131 861 115

PO Box 2019 | Moorabbin VIC 3189
+613 9555 9900 office | +613 9555 9904 fax
office@maa.org.au email | www.maa.org.au web

MAA QUALIFYING MEMBER AGREEMENT SUPPLY OF SERVICES MEDIBANK PRIVATE QUALIFYING MEMBERS

SAFE USE OF MEDIBANK PRIVATE PROVIDER NUMBER/S

Health Fund Provider numbers are issued to qualifying MAA Remedial Massage Therapists / Myotherapists on the basis of their training and MAA Association membership status.

To maintain provider status with the Medibank Private Health Fund, Remedial Massage Therapists and Myotherapists must be current MAA Members, holding a current Senior First Aid Certificate, Professional Indemnity (Malpractice) Insurance, Public Liability Insurance, and holding evidence of undertaking continued professional development on an ongoing annual basis, as agreed to within the MAA Members Membership agreement.

The following are the conditions of use of your Medibank Private Provider Number/s. Any use of the Provider Number/s issued to you by Medibank Private constitutes an acceptance of these conditions.

1. I may use the issued Provider Number/s only while I remain a fully complying member of MAA and only while my MAA Membership is not suspended.
2. I may use the issued Provider Number/s only in relation to the provision of Remedial Massage / Myotherapy Services.
3. I acknowledge that Medibank Private at all times retains discretion under its Fund Rules to withdraw recognition of my health service provider status and that if Medibank Private determines to withdraw such recognition I may no longer use my Provider Number/s.
4. I acknowledge that payment by Medibank Private of benefits for treatment provided by me to a Medibank Private qualifying client is at all times subject to requirements of the Private Health Insurance Act 2007, the Private Health Insurance Rules and Medibank Private's Fund Rules. I acknowledge that the use of my Provider Number/s does not guarantee the payment of a benefit in relation to such treatments if any such requirements are not met – including, but not limited to, any period during which MAA does not satisfy the requirements of the Private Health Insurance (Accreditation) Rules.
5. I authorise MAA to share my information with Medibank Private, being any information that is necessary in order for Medibank Private to identify me, to identify and verify that my membership with MAA is not suspended, (is current) and at a status of Remedial Massage Therapist / Myotherapist recognised by Medibank Private.

6. I acknowledge that in order for any bill, invoice or other documentation relating to any treatment provided by me for a Medibank Private qualifying client to be recognised by Medibank Private for benefit payment purposes, all such documents need to:
- Quote my Provider Number
 - Be written in English
 - Specify the date of treatment
 - Specify my Medibank Private client's name
 - Specify my name
 - Specify my clinic address
 - Specify the treatment - Remedial Massage / Myotherapy
 - Specify my professional fee for treatment
 - Specify whether it has been paid or if it remains to be paid at a later date
7. I acknowledge my entitlement to use my Medibank Private Provider Number/s ceases when my MAA Membership ceases or is suspended for any reason, if the agreement between Medibank Private and MAA is terminated or otherwise ceases to be effective, or if Medibank Private notifies either myself or MAA that my recognition by Medibank Private has ceased.
8. I acknowledge that while my entitlement to use my Medibank Private Provider Number continues I may advise my clients that I am a member of MAA, an Association that is recognised by Medibank Private as satisfying accreditation requirements under the Private Health Insurance Act 2007, but may not, without written authority from Medibank Private, use any logo or trademark of Medibank Private.
9. I authorise Medibank Private to publish details of my practice as a health care provider to its policy holders (including via publicly-accessible WebPages) unless and until I notify MAA that I choose not to have my information published and that I authorise MAA to communicate this choice to Medibank Private.
10. I agree to keep MAA informed and updated in a timely manner on any changes to my clinic location/s, phone numbers, email address, home address, my First Aid continuing currency, my Insurance continuing currency and my currency of continuing professional development.
11. I acknowledge that my Medibank Private Provider Number/s are issued to me and may not be used by any other therapist and agree to keep my Provider Number/s safe from misuse.
12. I acknowledge that misuse of my Medibank Provider number is misleading and deceptive conduct and is punishable by law.
13. I agree, that in the event that I discover or suspect that my Medibank Private Number/s have been compromised, I will report the incident, including related circumstances, not limited to but including: the date; the location; other persons involved; the Medibank Private clients name

and the treatment purported to have been delivered by me, to both the MAA Office and to Medibank Private.

14. I acknowledge that Medibank Private has set 'Limitations' on granting the number of IPNs to Medibank Private Qualified Members and these 'Limitations' have been set at the granting of a maximum of not more than three (3) IPNs to any Qualified Member.

15. I acknowledge that I have the right to appeal to MAA to advocate on my behalf for the granting of an additional IPN under exceptional circumstances and agree to provide MAA with details and supporting evidence of my circumstances to assist my case.

16. I acknowledge that Medibank Private may, in its sole discretion, elect to grant or not grant a Qualifying Member an additional IPN upon receipt of such a request from MAA.

I have read and understood the conditions outlined for the safe use of my Medibank Private Provider Number and agree to abide by this agreement.

In the capacity of Remedial Massage Therapist / Myotherapist I will use the provider number/s issued to me ethically and lawfully.

Please complete, sign and date the attached agreement forms and return them to the MAA Office for recording in your Member file.

Modes of Return:

Fax: 03 9555 9904 / Post: PO Box 2019 Moorabbin VIC 3189 / Scan and email: office@maa.org.au

Reference:

MAA / Medibank Private Deed of Amendment – Provider Association (IPN) Accreditation Agreement 2013

MAA / Medibank Private Deed of Agreement – Provider Association Accreditation Agreement 2009

MAA Code of Conduct

MAA NSW Accredited Members Code of Conduct unregistered health practitioners NEW SOUTH WALES update 2014

MAA Accredited member Code of Conduct unregistered health practitioners South Australia SA update 2013

MAA Member Agreement

MAA Constitution

Rule 10. Private Health Insurance (Accreditation) Rules 2011 (Made under item 5 of the table in section 333-20 of the *Private Health Insurance Act 2007*).

Medibank Private MPL_Fund_Rules latest Version 1st July 2013

Medibank Privates published 'Requirements for Recognised Providers' latest Version September 2013

Medibank Private Ltd Statement_of_Corporate_Intent 2013 2014

Medibank Private Ltd Privacy Policy 2011



Massage Association of Australia Ltd

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MAA QUALIFYING MEMBER AGREEMENT SUPPLY OF SERVICES MEDIBANK PRIVATE QUALIFYING MEMBERS

SAFE USE OF MEDIBANK PRIVATE PROVIDER NUMBER

I, _____
of _____
INSERT FULL NAME (please print clearly)
INSERT HOME ADDRESS (please print clearly)

PLEASE COMPLETE THE ATTACHED LIST OF PRACTICES YOU CURRENTLY WORK FROM (MAXIMUM OF 3 CLINICS)

have read and understood the conditions outlined for the safe use of my Medibank Private Provider Number and agree to abide by this agreement.

In the capacity of Remedial Massage Therapist / Myotherapist I will use the provider number/s issued to me ethically and lawfully.

SIGNATURE

DATE

WITNESS NAME

SIGNATURE OF WITNESS

DATE

The attached list of up to three (3) practice addresses I currently work from forms part of this agreement.

ORIGINAL to be retained by member for own business files
COPY to be filed by MAA Office in members file

Member Name: _____

INSERT FULL NAME (please print clearly)

Membership Number: _____

INSERT MAA MEMBER NUMBER (please print clearly)

Member Mobile number: _____

INSERT MOBILE NUMBER (please print clearly)

Member Email address: _____

INSERT CURRENT EMAIL ADDRESS (please print clearly)

Clinic 1

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex
or Building Complex – Please nominate
advertised location)

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

Clinic 2

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex
or Building Complex – Please nominate
advertised location)

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

Clinic 3

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex
or Building Complex – Please nominate
advertised location)

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

Fax: 03 9555 9904 / Post: PO Box 2019 Moorabbin VIC 3189 / Scan and email: office@maa.org.au

Accredited Remedial Members may wish to stay at this level and renew their Accredited Remedial Membership annually. If an Accredited Remedial Member wishes to progress up the Ladder of Accreditation and apply for recognition as a Myotherapist the following steps are outlined below.

Climbing the MAA Ladder of Accreditation

Step 3 - Entry Eligibility - Accredited Remedial Member Level

Pre requisite Membership:

Step 2 - Accredited Therapeutic Member

Accredited Remedial Member Level Application for recognition:

- Evidence of Accredited Therapeutic Level Membership
- Provision of requested evidence of eligibility found on the **Accredited Remedial Member Level Application Form**

NOTE: Accredited Remedial Members may wish to stay at this level unless they have obtained the 21920VIC Advanced Diploma of Remedial Massage (Myotherapy) or the 22248VIC Advanced Diploma of Myotherapy or the HE Bachelor Degree in Myotherapy or equivalent HE Bachelor Degree and wish to apply for higher recognition as Health Fund Service Providers and climb the ladder of Accreditation

Step 4 - Entry Eligibility - Accredited Myotherapy Member Level:

Pre requisite membership:

Step 3 - Accredited Remedial Member

Accredited Myotherapy Member Level Application for recognition:

- Evidence of Accredited Remedial Level Membership
- Provision of requested evidence of eligibility found on the **Accredited Myotherapy Member Level Application Form**

NOTE: This is the highest level of recognition as a MAA Health Fund Service Provider

STEPS UP THE CAREER LADDER OF ACCREDITATION

Look to the Future

