Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_QTTPA Number:\_\_\_\_\_\_\_\_\_\_

Please use the Checklist below to make sure you have provided all the required materials. Provide the materials and the completed checklist with your application.

Identify the Type of Practice you will be undertaking: Organisational Volunteering; Private service/gifting; existing health care practice; new private practice; other \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Item | Y/N | Comments |
|  |  |  |
| Type of Practice you are planning to undertake – see above |  |  |
|  |  |  |
| TT Education – provision of evidence of completion of the following levels |  |  |
| Foundations (Basic) |  |  |
| Transpersonal (Intermediate) |  |  |
| Mentorship |  |  |
|  |  |  |
| Membership of TTAA |  |  |
|  |  |  |
| First Aid education – CPR and general First Aid ( provision of evidence of completion)  if undertaking private practice (advised but not mandatory for private service/gifting) |  |  |
|  |  |  |
| Professional Indemnity Insurance if undertaking private practice (currently not required for private service/gifting) |  |  |
|  |  |  |
| Insurance arrangements if undertaking organisation volunteer work or have an existing health care practice |  |  |
|  |  |  |
| Agreement to comply with the statement of Ethics and Code of Conduct for the practice of Therapeutic Touch for TTAA |  |  |
|  |  |  |
| Working with children check if you have a private practice where you see children |  |  |
|  |  |  |
| Absence of any misdemeanours under the law or with another professional organisation |  |  |
|  |  |  |
| Evidence of Professional development activities to be provided on a 2 yearly basis to ensure accreditation is maintained |  |  |
|  |  |  |

Do you wish to be listed on the TTAA Website or Facebook Page? Yes / No

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

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

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapeutic Touch Qualifications:

Other Qualifications:

Services offered:

Website:

(Please send a Portrait Photo via Email)