**Application for Accreditation as a**

**Qualified Therapeutic Touch Practitioner Australasia (QTTPA)**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Suburb)\_\_\_\_\_\_(State)\_\_\_\_\_\_(Postcode)

Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mob)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Other)

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

* have supplied the information as required and listed on the accompanying completed Checklist (see attached)
* agree to the terms and conditions of TTAA’s requirements to be a qualified Therapeutic Touch Practitioner as outlined in the TTAA Policy for Accreditation as a Qualified Therapeutic Touch Practitioner
* have read and agree to comply with the statement of Ethics and Code of Conduct for the practice of Therapeutic Touch for TTAA
* confirm that I am not, nor have I been, under investigation by a professional conduct tribunal and I am free of criminal convictions, with the exception of traffic offences.
* have provided information that is true and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send your application to**: Virginnia Kingsford (Vice President),

Post: PO Box 412, Woodend VIC 3442 Email: virginnia@intotheheart.com.au

(You will receive a receipt of application. It will be reviewed by the TTAA Review Committee and you will then be notified in due course of the result of your application)