

## APPLICATION FOR ENTRY TO THE CNHC REGISTER

To be completed and returned to:

**GCMT**

27 Old Gloucester St, London WC1N 3XX

**APEL/** Applicants holding a qualification from outside the UK, or do not meet the requirements for Grand Parenting, the NOS or the GCMT/Core Curriculum (October 2007), **and assessed on formal qualifications, where available and Accredited Professional and Experiential Learning.**

*Please complete as fully as possible – using additional blank sheets if necessary  
 Use black biro or preferably type your answers*

			OFFICE USE ONLY
1. Surname :  Please delete: Dr Mr Mrs Ms	2. First name(s):	3. Previous name	
4. Male/Female	5. Date of birth:	6. Nationality:	
7. Tel:	8. E-mail		
9. Main correspondence address:			
10. I am applying for entry to the CNHC Register on the basis that I can satisfy the CNHC that I meet all the National Occupational Standards for Massage Therapy and have formal qualifications, further training and/or experience that can be used to demonstrate these criteria.  Is Massage therapy your main occupation? <span style="float: right;">Yes    No</span> If no what is/are your other occupation(s)? Year commenced practise: On average how many hours per week do you practise other therapies? _____			
11. <b>Membership of professional bodies and organisations:</b>  Please indicate if you are a member of any professional body representing nutritional therapists.  a) Name of professional association: Membership Number: Period of membership: No. years as member: b) Name of professional association: Membership Number: Period of membership: No. years as member:			

**12. Professional indemnity insurance:**

Please provide us with detailed information about your insurance record, including the length of time for which you have held insurance. We may contact your insurers in the course of evaluating your application.

Do you hold or have you held professional indemnity insurance?                      Yes / No

Please provide details:

a) Current insurance company with contact details:

Period of insurance with company:

No. of years insured with company:

Policy number:

b) Previous insurance company, if applicable, with contact details:

Period of insurance with company:

No. of years insured with company

c) Have any claims been made on your insurance?                      Yes / No

If Yes, please provide details:

d) Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms?                      Yes / No

If Yes, please provide details:

13. **Declarations:**

a) Have you ever been convicted of a criminal offence in the UK or elsewhere? Yes / No

b) Have you ever been disciplined by a professional or regulatory body in the UK or elsewhere? Yes / No

c) Have you ever had civil proceedings brought against you in the UK or elsewhere? Yes / No

If you answer yes to any of these questions please provide details with dates:

I declare that I do not know of any medical reason that would affect my ability to practise my profession as a Massage therapist.

I agree to abide by the **Requirements for Registration** and the **CNHC Standards of Performance, Conduct and Ethics\*\***. I also declare that I will not do anything to bring into question the integrity or reputation of the CNHC or any other Registered Practitioner.

I request assessment of eligibility for entry to the CNHC Register and agree to abide by the final decisions of the Complementary and Natural Healthcare Council

I have enclosed all the required documents (Checklist and Submission Instructions on Page 4).

I have enclosed a cheque made payable to 'GCMT for £150 and understand that this scrutiny fee is non-refundable in case of non-acceptance on to the Register.  
*An additional fee will be incurred if a practical assessment is required.*

I agree to the use of my contact details by the CNHC for the purpose of compiling their register and contacting me on matters relating to the register and my application.

I understand that an annual registration fee will be due annually with effect from 2009  
The annual fee has been set initially at £150 and will be reviewed after June 2009.

**I understand that the CNHC reserves the right to refuse admission to any Practitioner where it deems the individual does not meet the criteria set out within this application package.**

.....  
Signed

.....  
Date

Name (in caps) .....

## SUBMISSION INSTRUCTIONS AND CHECKLIST

In one large tear-proof envelope, you should submit THREE clear punched plastic wallets as follows:

NB. Please do NOT send any original certificates – only photocopies.

PLASTIC WALLET 1 should contain:

- ✓
  - Application form
  - Cheque for scrutiny fee
  - Legible copy of passport or identity card or driving licence
  - Evidence of any name change if appropriate, e.g. photocopy of marriage certificate
  - Sealed envelope containing completed APEL Reference Form (Copy 1)
  - Legible copy of professional indemnity insurance or equivalent
  - Qualifications, Training and Education form
  - Copies of certificates

*This information will be checked by the registrar.*

PLASTIC WALLETS 2 and 3 should each contain:

- ✓
  - Copy of the Qualifications, Training and Education Form.
  - Copy of the APEL Reference in a sealed envelope (Copy 2 & 3)
  - Career Summary and Statement of Practice
  - Two comprehensive Case studies
  - Assessment Checklist

*This information will be sent to two independent assessors.*

**NOTE: No documents will be returned. You should ensure that you keep a full copy of anything submitted.**

You should send your documents to:

**GCMT  
27 Old Gloucester St  
London WC1N 3XX**

**You may use: Proof of posting or Recorded delivery and must keep a copy of your submission as we can take no responsibility for loss.**

## PROFESSIONAL STATEMENTS

Membership of the CNHC Register is subject to:

### **A Practitioner Details**

These are supplied in Application Form from CNHC

### **B Practitioner agreement as follows:**

#### **1 to abide by:**

1.1 The Statement of Professional Principles and Values, on Page 6.

#### **2 the practitioner must agree to maintain advertising and communications standards:**

2.1 Practitioners shall report accurately their status and relationship with the CNHC in all relevant publications aimed at patients, students, and the public.

2.2 Publicity, advertising and other literature shall represent the practitioner's education, qualifications and areas of expertise to patients and the public, in language which is accurate, honest and unambiguous.

2.3 Publicity and advertising shall not misrepresent possible outcomes of Massage therapy consultations.

#### **3 Within the scope of their practice practitioners shall meet the minimum standards for safe and effective practice as outlined in the NOS and:**

3.1 Agree to maintain a competent knowledge of the CNHC Codes of Ethics, Conduct & Practice

3.2 Follow a programme of Continuing Professional Development which meets the requirements of the CNHC.

## Statement of Professional Principles and Values

The practice of Massage therapy seeks to be:

- **patient-centred** – patients are at the centre of the therapeutic process and their individual experiences of health and illness are acknowledged and respected;
- **responsive** – the practitioner engages with, and responds to, the changes in the patient's condition over time, and integrates the patient's evolving priorities and choices;
- **enabling** – creating opportunities for patients to learn about themselves and their health and supporting them in making informed choices, which may advance the healing process;
- **compassionate** – an approach that brings sensitivity, empathy, humility and compassion to the therapeutic relationship;
- **effective** – the practitioner strives to achieve effective outcomes in the treatment of patients;
- **non-maleficent** – safe, avoiding doing harm, maintaining high standards of cleanliness, knowing when and where treatment is contra-indicated, and taking responsibility for referral where appropriate;
- **practice-led** – understanding that nutritional therapy evolves and develops from a synthesis of practice, knowledge and experience, where practice is both values based, evidence based and experience generated;
- **preventive** – the practitioner may identify dysfunction, often before symptoms of disease are present, and may work with the patient to restore and maintain good health;
- **collaborative** – working with colleagues and other professionals to ensure that the patient receives the best possible care and advice;
- **accountable** – practitioners individually and collectively are committed to transparent systems of accountability;
- **competent** – practitioners have a commitment to practising competently, which includes knowing the limits of their competence to recognising that professional judgements are open to question; and to building their knowledge and skills base by engaging in continuing professional development;
- **ethical** – where personal and professional boundaries are monitored and maintained, confidentiality is upheld, dignity is respected, informed consent is ensured and trust is honoured;
- **innovative** – every therapeutic encounter brings with it the potential for a fresh, innovative, evidence based response and for the development of the practitioner's capability and the patient's self-awareness;
- **reflective** – engaging in an ongoing and cumulative process of self-evaluation with cycles of reflection, deliberation and action.

Ref: The British Acupuncture Accreditation Handbook August 2005

**Applicant Route: 3 APEL**

## QUALIFICATIONS, TRAINING AND EDUCATION FORM

We ask you to provide **evidence of Accredited Professional and Experiential learning which supports your application using Route 3.**

**APEL** applicants, should provide any certificates which may be relevant to **Massage Therapy Practice** as this will help us assess the application.

Please list your **Experience in MASSAGE THERAPY** below in chronological order, with details of courses, training and clinical practice. You are required to match the evidence you provide against the standards of the NOS/GCMT Core Curriculum. ( [www.gcmt.org.uk/documents.asp](http://www.gcmt.org.uk/documents.asp) ) Massage Therapy Core Curriculum V3 pdf )

Please submit your **ADDITIONAL TRAINING** as a **CPD LOG** with attendance certificates for the last five years.

### QUALIFICATIONS

**EXAMPLE ONLY**

<b>Qualification:</b>	Certificates pertaining to Massage
<b>Period of Course with dates:</b>	October 1997 to June 2000.
<b>Training provider (TP):</b>	(Enter training provider)
<b>TP e-mail contact details:</b>	(Enter e-mail contact details)
<b>Details of course content:</b>	Year 1: Anatomy and Physiology studies Year 2; understanding a wide range of health problems, diagnosis techniques and the role of massage in assisting a healthy lifestyle. Year 3: developing knowledge, qualities and skills to be an effective therapist, with the academic emphasis on gaining a more in-depth knowledge of massage techniques
<b>Reason for attending:</b>	To train professionally as a Massage Therapy Practitioner
<b>Clinical practice training:</b>	Year 1,2&3 clinical practice training including techniques to analyse a client's health, reviewing clinical effectiveness, developing practitioner skills, practice management etc. Supervised clinical practice.
<b>COPY Certificate enclosed:</b>	YES

<b>Qualification:</b>	
<b>Period of Course with dates:</b>	
<b>Training provider (TP):</b> <b>TP contact details:</b>	
<b>Details of course content:</b>	
<b>Reason for attending:</b>	
<b>Clinical practice training:</b>	
<b>COPY Certificate enclosed:</b>	<b>YES / NO</b>

<b>Qualification:</b>	
<b>Period of Course with dates:</b>	
<b>Training provider (TP):</b> <b>TP contact details:</b>	
<b>Details of course content:</b>	
<b>Reason for attending:</b>	
<b>Clinical practice training:</b>	
<b>COPY Certificate enclosed:</b>	<b>YES / NO</b>

<b>Qualification:</b>	
<b>Period of Course with dates:</b>	
<b>Training provider (TP):</b> <b>TP contact details:</b>	
<b>Details of course content:</b>	
<b>Reason for attending:</b>	
<b>Clinical practice training:</b>	
<b>COPY Certificate enclosed:</b>	<b>YES / NO</b>

## TRAINING COURSES

<b>Course / training title with dates:</b> <b>Hours of attendance:</b> <b>Training Provider:</b> <b>TP contact details:</b>	<b>EXAMPLE</b> Remedial Massage Training: 23-24 May 2003, 20-21 June 2003, 26-27 Sept 2003 6days (Please enter details) (Please enter e-mail contact)
<b>Details of course content:</b>	Presentations from a range of expert speakers on subjects such as Health and Safety in the workplace. Safeguarding Vulnerable persons
<b>Learning outcome and clinical practice training:</b>	After these six study days, I attended a meeting to recap on the protocols and be approved to join the database of trained practitioners.
<b>COPY Certificate enclosed:</b>	YES

<b>Course / training title with dates:</b> <b>Hours of attendance:</b> <b>Training Provider:</b> <b>TP contact details:</b>	
<b>Details of course content:</b>	
<b>Learning outcome and clinical practice training:</b>	
<b>COPY Certificate enclosed:</b>	

<b>Course / training title with dates:</b> <b>Hours of attendance:</b> <b>Training Provider:</b> <b>TP contact details:</b>	
<b>Details of course content:</b>	
<b>Learning outcome and clinical practice training:</b>	
<b>COPY Certificate enclosed:</b>	

**CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES LOG – MASSAGE THERAPY RELATED ONLY - FOR LAST FIVE YEARS**

This should not take up more than three pages.

DATE	LECTURE/SEMINAR/ACTIVITY – TRAINING PROVIDER WHERE APPROPRIATE - BRIEF COMMENT ON COURSE AND REASON FOR PARTICIPATION	HOURS	CERT
EXAMPLE	Massage and a Healthy Lifestyle. October 2005: To enable the practitioner to understand and explain to the client issues involved. I found this topic of interest, and subsequently arranged a session with ----- at University of ----- to develop my skills in this area).	7hrs	Yes for session but not further study
EXAMPLE	Research Methods by Professor -----into the benefits of Massage in Cancer Care	7hrs	Yes

You should include in this log Self Directed Learning throughout the year, stating hrs /week for number of wks. Examples your log might include:

- Recent massage therapy reading with source of material:
- Regular Journals/News/Updates:
- E-news:
- Being a member of a local support group - give details
- Teaching – subject and hours
- Reflective practise.



## APEL REFERENCE FORM (Route 3)

<b>Applicant name:</b>
------------------------

The APEL reference may be used by the CNHC to verify the professional standing of an applicant and is to be provided on this form by a suitable person in the community\*\* who is prepared to make a public statement about the number of years that the applicant has been practising. The Council may make further enquiries of the applicant or referee in order to verify this reference.

\*\* Approved referees: accountant, bank/building society official, barrister/solicitor, chemist, civil servant, dentist, doctor, engineer, HPC registered health professional, justice of the peace, lecturer / teacher, member of parliament, nurse, optician, police officer, social worker.

*The remainder of this form is to be completed in full by the referee using extra sheets if necessary. It must be returned to the applicant for submission with their application form.*

Name of referee with title:	
Job title / position:	
Address:	
Telephone number:	
E-mail address:	
<p>DECLARATION I have known the applicant in my *professional capacity /*personally since _____ and I confirm that, to the best of my knowledge and belief the applicant has been engaged in massage therapy since_____.</p> <p>* delete as appropriate . <i>Please continue on additional sheets with further information if appropriate.</i></p>	
Signed	Dated

## ROUTE 3 CASE STUDY TEMPLATE

**Please ensure that you maintain patient confidentiality in any material that you submit.**

### Case Study Instructions - please ensure that you read these

1. Word count: approx 2000-3000. Support material, which must be submitted with your application, is not included in the word count.
2. Use ARIAL 12
3. Applicant number and case study number should be on all pages which must be numbered.
4. Submit two carefully chosen, detailed and contrasting case studies taking into account the following points:
  - Case studies should be within your defined scope of practise\*, if you are a **Route 3** applicant.
  - Use appropriate technical language when writing your case study but ensure that handouts and other patient/client material is client orientated.
  - Each case study should be complete, with at least two subsequent consultations.
  - You do not need to include more than one example of any point within the NOS e.g. one massage routine, one after care analysis, one adaptation of treatment.
  - You should demonstrate reflective practice throughout.
  - As you write up each case study you should demonstrate your knowledge, understanding and skill. As a **Route 3** candidate you should work within your scope of practice.
5. Bullet points, tables or any method of your choosing that is clear and concise is the preferred method of presentation.
6. Please ensure that your case studies are placed in a plastic envelope and your applicant number is clearly visible.

**\*Scope of Practise** - is a terminology that defines the range of procedures, actions, and processes that allow a massage practitioner to perform their skills . The scope of practice is limited to that which the massage practitioner has received education and experience, and in which he/she has demonstrated competency.

## CASE STUDY TEMPLATE

**Please ensure that you maintain patient confidentiality in any material that you submit.**

CASE STUDY NUMBER 1 / 2 [MARK AS APPROPRIATE]

### 1. ASSESSING THE CLIENT'S NEEDS AND THE APPROPRIATENESS OF Massage Therapy

- a) **SYNOPSIS OF CURRENT PRESENTING SYMPTOMS** – Portrait of your client at the point you have taken on the case. Include your methods of information gathering  
e.g. questionnaire
- b) **RATIONALE** - Provide a rationale for the initial hypothesis using valid and reliable information

### 2. EDUCATING THE CLIENT

- a) **EXPLAIN THE SELECTION OF ASSESSMENT METHODS USED TO DETERMINE CLIENT TREATMENT**
- b) **LIFESTYLE ADVICE** – Provide an outline with rationale for any lifestyle changes recommended
- e) **SUMMARY** – Reflect on each consultation and articulate on any preparation you intend before the follow-up appointment e.g. the focus of future appointments, further investigations and referral as applicable. Review effectiveness of the client-practitioner relationship in terms of improved client health outcomes.

### 3. EVALUATING AND REVIEWING EFFECTIVENESS OF Massage Therapy

At each follow-up appointment critically evaluate effectiveness of treatment, including pertinent discussion with the client and if necessary, make appropriate changes to the protocol with explanation and reflect on the case to date including possible plans for the future management of the case e.g.

- Life style changes
- Referring to another health practitioner
- Writing to GP or consultant with update