



The
 Massage
 Training
 School



51, Imperial Road
 Exmouth
 Devon
 EX8 1DQ
 Telephone: 01395 271610

ASSESSMENT & BRIDGING PROGRAMME
APPLICATION FORM

Available to formally qualified massage with at least two year's clinical experience, also
 Doctors, Physiotherapists, Osteopaths, and Chiropractors.

First name		Last name			
Mr/Mrs/Miss/Ms/.....	Date of birth		Nationality		
Street					
Town					
County					
Postcode		Country			
Contact					
Day			Mobile		
Eve.			Email		

	Detail of your training and qualifications relevant to massage therapy.	Dates
A		
B		
C		
D		
E		

Add more if necessary

Continued overleaf...

Please indicate where you were trained in the following subjects by entering the corresponding letter(s) from the previous list in the right-hand column. If you are self-taught you should enter 'ST' or leave it blank if you have not had training in the subject.	
Anatomy & Physiology	
Clinical/professional procedures for massage	
Basic Massage (Effleurage, Petrissage, Friction, Tapotement.	
Assessment of musculoskeletal function	
Neuromuscular techniques / Trigger point or similar	
Muscle Energy Techniques (or PNF)	
Soft Tissue Release / Pin & Stretch / Specific stretch or similar	
Other advanced techniques	
Injury, Treatment and Rehabilitation	
Postural assessment	
Assessment of joint condition and function	
Use of massage with medical/physiological conditions	
Others:	

If you have entered ST (self taught), describe briefly how you have done this (books, journals, workshops etc.).

Please give a brief account of your clinical experience as a massage therapist