

National Massage Therapist Listing Registration Form



PERSONAL DETAILS

Full name	
Business email address	
Business postal address	
Business phone number	

STATUS

Are you currently on the OML National Massage or Beauty Therapist Listing?	<input type="checkbox"/> Yes - NMTL <input type="checkbox"/> Yes - NBTL <input type="checkbox"/> No - Neither
What is the maximum level of training you have achieved with OML?	<input type="checkbox"/> OM2 <input type="checkbox"/> OM3 <input type="checkbox"/> OM4 <input type="checkbox"/> OM for Beauty Therapists

BUSINESS DETAILS

Suburbs & Postcodes in which you work	
Home visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modalities Offered (must be certified)	<input type="checkbox"/> Aromatherapy <input type="checkbox"/> Beauty Therapy <input type="checkbox"/> Bowen Therapy

	<input type="checkbox"/> Decongestive/Complex Lymphatic Therapy <input type="checkbox"/> Myotherapy <input type="checkbox"/> Remedial Massage <input type="checkbox"/> Scar Management <input type="checkbox"/> Shiatsu <input type="checkbox"/> Sports Massage <input type="checkbox"/> Swedish Massage <input type="checkbox"/> Therapeutic Massage <input type="checkbox"/> Other - please specify below
Proficiency in Languages other than English	
Professional Memberships?	
Anything else?	