

National Massage/Beauty Therapist Listing Registration



PERSONAL DETAILS

| | |
|--------------------------|--|
| Full name | |
| Preferred email address | |
| Preferred postal address | |
| Preferred phone number | |

STATUS

| | |
|--|---|
| Currently on the OML National Massage Therapist or Beauty Therapist Listing? | <input type="checkbox"/> Yes - NMTL <input type="checkbox"/> Yes - NBTL |
| Maximum level of training you have achieved with OML? | <input type="checkbox"/> OM1 <input type="checkbox"/> OM2 <input type="checkbox"/> OM4 <input type="checkbox"/> OM for Beauty Therapists <input type="checkbox"/> MT for People Working in Care |

BUSINESS DETAILS

| | |
|--|--|
| Suburbs and/or postcodes in which you work | |
| Home visits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional memberships? | |
| Qualifications? | |

| | |
|---|---|
| <p>Modalities offered (must be certified)</p> | <ul style="list-style-type: none"> <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 |
| <p>Are you proficient in a language other than English? (for clients who don't speak English)</p> | |
| <p>Anything else you would like to tell us?</p> | |