



SPORTS MASSAGE THEORY

EXAMINATION APPLICATION FORM

Please complete and return this form to ARRIVE at the office at least 21 days prior to your chosen examination date. Late applications and payments will NOT be considered. ALL relevant fields MUST be completed.

To be eligible to take the examination you need to have completed all of your practical training. Please indicate if this is your first application (no fee) or you are applying for a retake (fee payable).

Any learning difficulties must be declared in writing upon application, please contact the office to discuss further.

DATE OF EXAMINATION

*A list of dates can be found on our website on the calendar page, please note exams must be completed within your course completion timeframe.

LEVEL 3 – SPORTS MASSAGE CERTIFICATE (ANATOMY & PHYSIOLOGY)

1st Application	Retake
No fee	£30 payable upon application
<input type="checkbox"/>	<input type="checkbox"/>

Location	
<i>Hertford</i>	<i>Invigilator</i>
<input type="checkbox"/>	<input type="checkbox"/>

If you live **outside** a 30-mile radius of Hertford and intend to take the examination with a local invigilator, please complete the form on Page 2.

LEVEL 4 – SPORTS MASSAGE DIPLOMA

1st Application	Retake
No fee	£50 payable upon application
<input type="checkbox"/>	<input type="checkbox"/>

Location	
<i>Hertford</i>	<i>Invigilator</i>
<input type="checkbox"/>	<input type="checkbox"/>

If you live **outside** a 30-mile radius of Hertford and intend to take the examination with a local invigilator, please complete the form on Page 2.

RETAKE FEES – Please reference any payment with your name and the word "EXAM"
Sort Code 40-05-21 Account number 8138 5496

I understand upon receipt of my application, I will be contacted within 4 working days, and confirmation details will be sent to me after the final application date.

Name	Application Date
Email	
Tel (Day)	(Eve)

Please complete Page 2 ONLY if you are going to use a Local Invigilator

IMPORTANT:

1. Your invigilator must be a qualified person who practices under a code of ethics in relation to their profession i.e. nurse, sports massage therapist, physiotherapist, teacher, solicitor, doctor, sports coach
2. They must not be a relative or partner of the examinee.
3. It is essential your invigilator makes available a postal and email address for communication purposes.
4. They must agree to abide by our instructions which will be made available to them.
5. It is the applicant's responsibility to disclose any specific learning difficulties to their chosen invigilator and Sports Therapy UK at time of **their** exam application to enable any timing adjustments.
6. By nominating your invigilator you are agreeing to allow Sports Therapy UK staff to share relevant information relating to your studies.
7. Any fees payable to an invigilator must be agreed and paid for by the examinee.
8. Only fully completed application forms will be accepted.

Details of proposed invigilator:

Name:	
Full Postal Address:	
Post Code:	
Tel (Day):	
Tel (Eve):	
Email:	
Profession:	
Date Qualified:	
Proposed address for examination:	
Postcode:	

CONTACT DETAILS:

Sports Therapy UK
12 Dicket Mead
Welwyn
Herts AL6 9NX

Email: fid@sportstherapyuk.com

Mobile - 07789 863505
Office – 01438 718755