

EXAMINATION APPLICATION FORM

SPORTS MASSAGE THEORY

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 note you will have the opportunity to take the tested practical element of your course during the final days of practical training in Hertford therefore this form is intended for retakes only (fee payable). Any learning difficulties must be declared in writing upon application, please contact the office to discuss further.

DATE OF EXAMINATION SELECT DATE*

*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)

1 st Application	Retake	Location	
No Fee	£40 Payable upon Application	Hertford	Invigilator
<input type="checkbox"/>	<input type="checkbox"/>	<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

1 st Application	Retake	Location	
No Fee	£60 Payable upon Application	Hertford	Invigilator
<input type="checkbox"/>	<input type="checkbox"/>	<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

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 [ENTER NAME]

Date SELECT DATE

Email [ENTER 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 practises 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:	
Address:	
Post Code:	
Tel (Day):	
Tel (Eve):	
Mobile	
Email:	
Profession:	
Date Qualified:	
Proposed address for examination:	
Postcode:	

CONTACT DETAILS:

Sports Therapy UK
12 Dicket Mead
Welwyn

Email: fid@sportstherapyuk.com

Mobile – 07789 863505

