

MRSS ASSESSMENT APPLICATION FORM

Application for Assessment as a Registered Practitioner.

Name:

(Print clearly, please write name as you wish it to appear on your certificate)

Telephone:

Date of Birth:

Male/Female:

Shiatsu Society

Membership Number:

Date you joined the

Shiatsu Society:

Date of commencement of
Shiatsu studies:

NB: Incomplete applications will be rejected.

Please advise any injuries / ailments you currently have:

The Society's Application Requirements

You need to have:

1. Studied Shiatsu for a MINIMUM of three years full or part-time attendance.
2. Completed a MINIMUM of 500 hours class time, studying Shiatsu with Shiatsu Society Registered Teachers. This should include a minimum of 60 hours of Anatomy, Physiology and western Pathology.
3. Studied for at least 24 hours with each of a MINIMUM of THREE teachers recognized by the Society.
4. Been a member of the Shiatsu Society for the previous two years prior to your application for Assessment.
5. Completed and recorded a MINIMUM of 100 treatments in the last twelve months. The notes on these treatments are to be brought to your PRACTICAL ASSESSMENT.

The following items should ALL be submitted WITH YOUR APPLICATION FORM

1. Two typed Case Histories (following the format in the Guidelines for Writing of Case Histories) based on treatments performed within the last 12 months at application, plus one typed Self-Development Essay based on your personal development during training (1,000-1,200 words). You must submit 3 copies of each.
2. Evidence of holding Professional Indemnity Insurance.
3. A letter of recommendation from a UK Shiatsu Society registered or recognised Teacher. You must have completed a theoretical & practical assessment with this teacher who must either be Principal of your Shiatsu School or a teacher who has taught a major part of your 500 hours.
4. Your Shiatsu Society Membership and Training Record Card duly completed by your various teachers, showing the number of hours studied. The card must be signed by your 3 main teachers.
5. A cheque for £129.25 (includes VAT) made payable to "Shiatsu Society". Include an additional £50 for the Theory Exam if you have studied with a school whose theory exam has not been ratified.

APPLICATION FOR ASSESSMENT

1. Name of Principal Teacher/School:

Period of Study:

Date Started:

Date Completed:

Total hours studied with this Teacher/School:

Date of final assessment:

2. Name of Teacher:

Dates of Study:

Total hours studied with this Teacher:

3. Name of Teacher:

Dates of study:

Total hours studied with this Teacher:

4a. Other Teachers/seminars/special courses. Please give details:

4b. Please list **ALL** Teachers who have taught you or otherwise know (if not mentioned above):

5. Anatomy, Physiology & Pathology Studies. Were these included within a recognised Shiatsu course? Yes/No
Other (e.g. Human Biology GCSE, degree in Medicine, Physiotherapy training etc.). Please specify:
<i>A total of 60 hours is required, of which at least 40 should be class time, the rest may be home study.</i>

6. Listening and Communication skills. Were these included within a recognised Shiatsu course? Yes/No
Other (e.g. Counselling training etc.). Please specify:

7. Approximate number of Shiatsu treatments you have given in the past three years:
Approximate number of treatments you give per week:
Where do you normally practice from (e.g. Clinic, Health Centre, Home)?

8. What form of self development do you practice? (e.g. yoga, tai chi, gi gong, meditation etc.). Please give details of duration of study and frequency of practice:
How often do you receive Shiatsu?
Other qualifications or interests that you feel help you as a Shiatsu Practitioner:

9. Current Occupation:

10. Describe your approach to Shiatsu (i.e. which aspects of theory do you routinely use in your treatments?). Which diagnostic method(s) you use, which meridian system? Remember that you should have a working knowledge of two of the following: TCM, Zen Shiatsu Theory, Macrobiotic Theory, Five Element Theory:

11. Why do you wish to practice Shiatsu?

Name of Teacher recommending Assessment (a letter of recommendation):

Applicants Signature:	Date:
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WHAT YOU HAVE TO DO NOW:

Send your application with other required documentation in support thereof as stated in the Application Requirements above, together with the fee of £129.25, to the address on the cover letter which arrived with this application. If you are unsure, please contact the Shiatsu Society Office.

_____ GOOD LUCK!