



SPORTS MASSAGE THEORY

EXAMINATION APPLICATION FORM

Please complete, pay 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. You will have taken your 1st attempt during the final days of practical training and therefore this form is for **retakes only** (fee payable).

If you have not already registered requirements for reasonable adjustments, please notify us immediately and we will forward you the necessary document for completion. This document must be returned to us *within 5 working days*.

Applications for '**Reasonable Adjustments**' are where you may have a condition that may hinder your abilities and thereby disadvantage you. If you did not notify us upon enrolment, please contact us immediately so that we can assist you.

FEES Please reference any payment with your name and the word "EXAM"

Bank transfer Sort Code 40-05-21 Account number 8138 5496

PayPal <https://paypal.me/sportstherapyuk>

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 – ANATOMY AND PHYSIOLOGY EXAMINATION

Anatomy and Physiology Examination Retake	<input type="checkbox"/>	£40 DUE ON APPLICATION
Location	<input type="checkbox"/>	Hertford (28 Castle Street)
	<input type="checkbox"/>	Invigilator (If you live outside a 30-mile radius of Hertford and intend to take the examination with a local invigilator, please refer to Pages 2)

Upon receipt of both application form and payment I will be contacted within 4 working days to confirm my exam application has been successful.

Name [ENTER NAME]

Application Date SELECT DATE

Email [ENTER EMAIL]

Tel (Day) -

(Eve) -

Prior to submitting this form, please confirm with your chosen invigilator that they are available. All exams must be taken at 9.00am on the scheduled date advertised by Sports Therapy UK (list available on website [course dates](#) page).

IMPORTANT:

1. Your invigilator must be a qualified person who practises under a code of ethics in relation for their profession ie 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. Failure to do so may result in the candidate's exam submission becoming void.
5. It is the applicant's responsibility to disclose any specific reasonable adjustments requests to Sports Therapy UK at time of their exam application.
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.
9. It is important any changes are notified PRIOR to the nominated examination date.

ALL FIELDS MUST BE COMPLETED

Details of proposed invigilator:	
Name:	
1 st Line Address:	
Town:	
County:	
Postcode:	
Mobile Number:	
Alternative Number:	
Email:	(Please ensure address is clearly printed)
Profession:	
Date Qualified:	
Full proposed address for examination	
1 st Line Address:	
Town:	
County:	
Postcode:	

CONTACT DETAILS:

Sports Therapy UK
12 Dicket Mead
Welwyn

Email: fid@sportstherapyuk.com

Mobile – 07789 863505