

Application to join ISRM

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| --- | --- | --- | --- |
| Name |  | | |
| Email |  | Tel. |  |

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| Qualifications and courses attended (only those relevant to Soft Tissue Therapy) | |
| Title and Level (if applicable) | Year |
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Please give brief answers to the following

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| What types of conditions do you treat? |
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| What assessment methods do you use? |
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| What treatment methods and/or techniques do you use? |
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| What rehabilitation methods do you use? |
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| Why do you want to join ISRM? |
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Thank you for providing this information. Please send the completed form back to admin@theisrm.com. Also include a CV if you have one.

We will consider your application and get back to you shortly.