



# SELF-ASSESSMENT FORM

**For reflexologists applying for membership or RPL  
with the Reflexology Association of Australia**

Name: .....

Title: ..... Date of Birth: ...../...../..... (optional)

Place of Birth: .....  
(Town & Country)

Address: .....

..... State: ..... Post Code: .....

Tel Nos: Home: ..... Business: .....

Mobile: ..... Email: .....

Please state address where you are currently working / or most recently worked as a reflexologist

.....  
.....

Describe your work position:

.....  
.....

Do you have other professional qualifications? Yes  No

If yes, please specify .....

Are you a member of any professional association? Yes  No

If yes, please specify: .....

### Please answer the following questions:

- Which of the following describes the **reflexology work activity** you are *currently* involved in:  
Self-employed  Full-time  Part-time  Volunteer
- When did you begin providing reflexology as a therapeutic treatment? .....

3. Do you regularly compile client records of your client's treatments?

Yes  No

If yes, would these client records be available for RAoA Workplace Assessor to sight, with client confidentiality ensured?

Yes  No

If no, describe the process by which you record client history: .....

.....

.....

4. What primary training in reflexology have you had?  
(attach documents to support any courses)

- Completed school/college training at a:
  - registered training organisation
  - non-government training organisation

in Australia (name state/s) .....

overseas (name country) .....

Please give name of institution: .....

Please give name of Awarding Body/Examining Board .....

Please state level of attainment: .....

Please state hours of training: .....

- Completed short course at other training institution

Please state hours of course: .....

- No formal training

- Have you done any on-the-job training?

(eg. supervised clinical practice etc.) Yes  No

If yes, please state hours and name of workplace or institution:

.....

5. Which reflexology technique would you describe as your **base training**:

.....

6. Have you attended any *further* relevant training/workshops/ seminars/courses?

Yes  No

If yes, please supply details (incl. date, no: of hours & name of course):

.....  
.....

7. Have you studied anatomy and physiology?

Yes  No

If no, are you prepared to study to the required RAoA Standard?

Yes  No

(NB You will need to supply evidence of Anatomy and Physiology training before you can be accepted as a *Professional Member* of the RAoA)

8. Have you studied Business Management / Clinic Practice?

Yes  No

If no, are you prepared to study to the required RAoA Standard?

Yes  No

9. Have you studied Biomechanics of the Foot / Foot Conditions?

Yes  No

If no, are you prepared to study to the required RAoA Standard?

Yes  No

10. In a few words, explain how becoming a member of the Reflexology Association will benefit you:

.....  
.....

Signature of Applicant: ..... Date: .....

Please post to:  
Membership Officer  
Reflexology Association of Australia  
PO Box 135, Mitcham Shopping Centre,  
South Australia 5062

In addition, please transfer payment of \$250 to:  
Reflexology Association of Australia  
BSB 084 130; Account no. 158991529

**Under payment description write your name and RPL membership payment.**

*Please attach resume of your reflexology studies to his document.*