



# ATMS COURSE ACCREDITATION APPLICATION FORM

Shiatsu

Version 1 2016



# CONTENTS

Introduction	3
Course Accreditation Application Form – Shiatsu	4
Part A – Course Delivery	4
Part B – Course Nominal Duration	4
Part C – Nominal Duration Of Core Components	5
Part D – Supervised Clinical Practice	6
Part E – Supporting Documentation	7
Part F – Declaration	7
Form Return	8



# SHIATSU COURSE ACCREDITATION

## Introduction

Thank you for seeking Australian Traditional-Medicine Society (ATMS) accreditation of your course. Please ensure that you have read the ATMS Recognised Provider of Natural Medicine Education or Training Application Form and the ATMS Minimum Education Standards for Shiatsu prior to filling out this document.

This form is only for your institution's course(s) that relate to the ATMS modality "Shiatsu". An Application form needs to be filled out for every course that you are seeking ATMS accreditation for. A common example of an applicable course is the Diploma of Shiatsu. However this form is not restricted only to those course titles.

The following terms are used in this form. It is essential that you understand them and their definitions when answering the relevant questions. These definitions are for ATMS purposes, and the same words may have a different meaning when used by other agencies or organisations. So to avoid confusion, please take the time to read the definitions carefully.

**Course Nominal Duration:** "Course Nominal Duration" is the length of time, on average, it takes a student with no recognised prior learning to satisfy the requirements of the qualification. Directed home study is included.

**Face to Face Practical Study:** Face to Face Practical Study is only study which in the opinion of ATMS is undertaken in the physical presence of the lecturer or trainer. It excludes all forms of study delivered remotely by electronic and similar modes, and including even that allow for real time interaction between lecturer/students and students/students. It also excludes all home study, prior reading/study for lessons, research for assignments, unless done in the physical presence of the subject lecturer, trainer or presenter etc.

**Supervised Clinical Practice:** "Supervised clinical practice" refers to a situation where a student consults with clients, performs an appropriate health assessment, prepares and provides treatment/management plans, in a clinic open to members of the public.

Supervised clinical practice must be undertaken in the presence of a lecturer or trainer who must be present at and directly observing at least part of each student consultation. Selection of a clinical practice supervisor must meet the approved ATMS criteria. Please refer to the Clinical Practice Standards and the Terms and Conditions in the ATMS Recognised Provider of Natural Medicine Education or Training Application Form which provides essential further information as to the ATMS requirements for supervised clinical practice.

Should you experience any difficulties in completing this form, please do not hesitate to contact the ATMS Office on 1800 456 855.



# Course Accreditation Application Form – Shiatsu

College/Provider Name: \_\_\_\_\_

Title of course to which this application applies:

\_\_\_\_\_

## Part A – Course Delivery

Campus Delivery Locations: *(please only include the details of the campuses in which this the course is taught)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this course delivered and/or assessed partly or fully by any other party or provider? YES / NO

*If yes, please provide details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you permit persons residing outside of Australia to undertake this course? YES / NO

*If yes, please attach a separate sheet providing in detail how you ensure any face-to-face practical study is delivered satisfactorily, and also how the supervised clinic requirements set out in the Clinical Practice Standards and the Terms and Conditions in the Recognised Provider of Natural Medicine Education or Training Application Form and this application form are met.*

## Part B – Course Nominal Duration

*“Nominal Duration” is the length of time, on average, it takes a student with no recognised prior learning to achieve the requirements of the qualification. Directed home study is included.*

What is the nominal duration, in hours, of the above course?

\_\_\_\_\_

What is the nominal duration, in weeks, of the above course?

\_\_\_\_\_



Is this course also offered by intensive delivery (i.e. fewer weeks) than stated above? YES / NO

*If yes, what is the duration, in weeks, of this intensive delivery?*

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Is this course offered as an embedded or combined qualification package? YES / NO

*If yes, please provide details:*

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### Part C – Nominal Duration Of Core Components

*Please read the ATMS Minimum Education Standards for Shiatsu before answering this section.*

*This section asks about the nominal duration (as defined earlier) of core components. Please list in hours the nominal duration of the listed core components. Please also indicate how much of those nominal study hours must be undertaken by 'face to face practical study' as defined in the Introduction.*

*You must also only include study hours for study as described in the ATMS Minimum Education Standards for Shiatsu. Your course may include learning outcomes not listed in the ATMS Minimum Education Standards for Shiatsu. If so, you may include a summary of that study separately. Please also take care to not include the same period of study in more than one core component.*

*Do not include any hours for supervised clinical practice in this section. Information about supervised clinic practice is requested in Part D.*

ATMS Core Components <i>Important: See the ATMS Minimum Education Standards for Shiatsu for the required learning outcomes of these core components.</i>	Total Nominal Study Hours	"Face to Face" Practical Study Hours <i>Of the Total Nominal Study Hours, this amount will be between nil and the total amount shown on the left, depending on how delivery of the course is structured. If both an 'on campus' and 'off campus' stream is offered, then you must answer this question as it would apply to a student who has elected to undertake the maximum allowed amount of 'off campus' study.</i>
Anatomy & Physiology		
Shiatsu Therapy		
Communication		
Practice Management		
Safe Practices		



## Part D – Supervised Clinical Practice

Please read the ATMS Minimum Education Standards for Shiatsu before answering this section.

*Supervised clinical practice refers to a situation where a student consults with clients, performs an appropriate health assessment, prepares and provides treatment/management plans, in a clinic open to members of the public. Supervised clinical practice must be undertaken in the presence of a lecturer or trainer who must be present at and directly observing at least part of each student consultation. Selection of a clinical practice supervisor must meet the approved ATMS criteria.*

*Please refer to the Clinical Practice Standards and the Terms and Conditions in the ATMS Recognised Provider of Natural Medicine Education or Training Application Form which provides essential further information as to the ATMS requirements for supervised clinical practice.*

How many hours of supervised clinical practice are undertaken as part of this course?

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How much, if any, of the total clinic hours listed above is conducted in a classroom by students assessing/treating each other or based on case histories supplied by the students?

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Is all the supervised clinical practice undertaken on your College campus? YES / NO

*If Yes, please proceed to Section E. If No, please provide the following information:*

What percentage may be undertaken off campus?

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How are the off campus clinic supervisors selected?

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How is the off campus clinic conducted?

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How are the off campus log books and assessment reports completed and verified?

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How do you ensure students undertaking Supervised Clinical Practice off campus are in actual clinical practice and not substantially performing other duties such as reception, dispensing, etc?

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## Part E – Supporting Documentation

The following is a checklist of the documentation that needs to be submitted with the application for course approval. Please provide a copy of the following documents:

- Material provided to students & clinic supervisors regarding how supervised clinical training is conducted;
- One example of your final assessment tools for studies in each of the core components outlined in the individual course approval application form;
- A copy of the course/program structure;
- A copy of your subject/unit of study outlines or subject/unit of study summaries for each subject or unit of study, including electives, in your course;
- A list of set texts and recommended reading for each subject or unit of study in your course.

Note: It is suggested that these documents, if posted, are sent by registered mail. ATMS will not take any responsibility for documents lost in the mail.

## Part F – Declaration

I declare that I am authorised to complete this form on behalf of the Institution named on this application form, and that all the information provided is true, accurate and complete. I understand that the acceptance of this Form by ATMS does not imply in any way that the specified course will be approved, or will continue to be approved, by ATMS. I further understand that ATMS may make additional inquiries, including an onsite visit and inspection of the Institution. (ATMS will provide reasonable prior notice of any such visit/inspection.) I will take all reasonable steps to ensure that ATMS will be advised as soon as practicably possible of any changes to the details provided on this form, including content, hours or delivery changes. I accept that any approval granted is at all times at the sole discretion of ATMS, and may be withdrawn or varied at any time.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Name of person whose signature appears above: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## Form Return

Thank you for taking the time to complete this form. Please now return the ATMS Recognised Provider of Natural Medicine Education or Training Application Form (if applicable), this form and the supporting documentation requested in Part E to:

ATMS Recognised Provider and Course Accreditations  
PO Box 1027  
Meadowbank NSW 2114

Enquiries about the progress of a Course Accreditation Application should be made to the ATMS Office on 1800 456 855, or by email at [admin@atms.com.au](mailto:admin@atms.com.au).









# ATMS

**Australian Traditional-Medicine Society**

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