The Therapeutic Touch Network of Ontario
10 Four Seasons Place, Suite 1000
Toronto, ON M9B 6H7
Phone: 416-649-5885
Email: memberships@ttno.ca

Dear New Member,

We are so pleased that you are joining the Therapeutic Touch Network of Ontario (TTNO) and our Therapeutic Touch® (TT) community. Once your application form and payment have been processed, you will receive a Welcome Package from the office which will include a letter of welcome, your membership card, and the benefits of membership. You will begin to receive electronic copies of in*Touch*, our quarterly newsletter.

We hope you will assist the TTNO in gathering age-related demographic information to better understand who we are currently serving and how to reach new audiences using the platforms and formats best suited for our community. Providing this information is completely optional and your responses will be kept confidential.

If you have any questions or require assistance with your application, please contact the TTNO Office at **416-649-5885** on Tuesdays and Thursdays from 10 am to 5 pm.

Registration and Payment:

OPTION 1: ONLINE

You can click Join the Network to access the online application. Complete the form. You can pay by e-Transfer, cheque, credit card or PayPal.

OPTION 2: EMAIL

If you prefer to complete the attached form(s), we recommend saving your completed document on a personal computer; not on an iPad or cell phone. Save your document with a unique name such as adding your initials or date. Options for payment are available at the bottom of the application form. Then email your completed form and payment to the TTNO office at **memberships@ttno.ca**.

OPTION 3: CANADA POST

You can print the attached form(s), complete manually and mail with payment to the TTNO office at 10 Four Seasons Place, Suite 1000, Toronto, ON M9B 4H7.

We look forward to working with and supporting you as you start your Therapeutic Touch journey.

Please do not hesitate to reach out if you have any questions.

Sincerely,

Anne Davies
TTNO Membership Chair

THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

NEW MEMBERSHIP APPLICATION FORM

Please send completed form with your annual fee to: The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, M9B 6H7

If you need assistance, please contact the TTNO Office @416-649-5885 or email @ memberships@ttno.ca.

Renewal Year:	**20_____**

In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply for you and sign where indicated.

I give my permission to the TTNO

- ☐ *To collect and use my personal information. This information shall be used solely for the TTNO membership records, and to provide you with information about TTNO activities. It will not be released to outside parties except as required by law.*
- ☐ *To include my personal information in this year's TTNO Directory of Members*
- ☐ *To send me emails regarding* ☐ *TTNO business news* ☐ *Upcoming events* ☐ *Newsletter only*
- ☐ *To use images of my person on the website or in the TTNO newsletter*

Signature Required _____ **Date** _____

CONTACT INFO				
	Name		Phone Number	
	Address			
	City		**Province:**	**Postal Code:**
	Email			

Age Group - Providing this information is completely voluntary and your responses will be kept confidential.

☐ Prior to 1946 ☐ 1946 – 1964 ☐ 1965 – 1980 ☐ 1981 – 1996 ☐ 1997 – 2012 ☐ 2013 – present

EDUCATION	***Therapeutic Touch Level(s) and/or TTNO Workshops, Retreats, Professional Development Days***		
	Name of Workshop or Event	**Name of Teacher**	**Date (month/year)**

BRANCH MEETINGS	
	☐ I attend Branch Meetings
	Location
	☐ I would like to attend Branch Meetings
	Location

VOLUNTEER	**I would be willing to participate in/at:**
	☐ TTNO Conference
	☐ Therapeutic Touch Awareness Task (TTAW) Group
	☐ TTNO Committee under the Board of Directors
	☐ Other Area of Interest

MEMBERSHIP CATEGORIES AND FEES

☐ Associate Member $20.00 + $2.60 (HST) = $22.60	☐ **I have paid by e-Transfer at memberships@ttno.ca**
☐ General Member $32.50 + $4.23 (HST) = $36.73	**I have enclosed a** ☐ Cheque ☐ $ Order
☐ External Member $32.50 + $4.23 (HST) = $36.73	**I plan to pay by** ☐ Visa ☐ Mastercard
☐ Newsletter Hardcopy requested $30.97 +$4.03 (HST) = $35.00	**and will contact the office with my card informaion**
	Note: Online registration and payment is available from the website at https://www.therapeutictouchontario.org
TO REGISTER ON LINE CLICK HERE	
	If you need assistance please contact the office at 416-649-5885 or memberships@ttno.ca
I have included a donation to the TTNO of $	

STATEMENT OF ETHICS AND CONDUCT FOR THE PRACTICE OF THERAPEUTIC TOUCH®

1. I will conduct my practice of Therapeutic Touch® in accordance with the generally accepted principles of Therapeutic Touch as developed by Dolores Krieger, PhD, RN, and Dora Kunz, and the *Curriculum and Guidelines for Teaching Therapeutic Touch* of The Therapeutic Touch Network of Ontario (TTNO).

2. Before Therapeutic Touch sessions, I will make it clear to the healing partner (Hp) any fees that I will charge for my service. I will ensure that all interpersonal transactions between the healing partner and myself are non-exploitive and essential to her care.

3. I will refrain from selling any product or other service to the healing partner, when referred by the TTNO referral service.

4. I acknowledge that Therapeutic Touch may increase the rapport between the healing partner and myself. Therefore, I will keep all information in strict confidence.

5. In accordance with the ***Personal Information Protection and Electronic Documents Act*** (PIPEDA), I will keep all client information in a safe, secure, and private location. I will not share any information without written consent from the healing partner. When the healing partner's information is no longer needed, it will be shredded and destroyed and/or deleted from all my computer records.

6. Unless they are directly involved in the Therapeutic Touch session, I will not take another person with me to a session.

7. I will not use Therapeutic Touch as a basis for psychotherapy, or spiritual or other counselling, unless I have the training and qualifications to do so, as well as permission from the healing partner.

8. I will focus on the needs of the healing partner and will refrain from discussing my personal issues with them.

9. I will regularly evaluate my strengths, limitations, and levels of effectiveness. I will strive for self-improvement and seek to enhance my abilities by means of further education and training.

10. In any Therapeutic Touch session, I will maintain the highest integrity, keeping the interest of the healing partner foremost in my mind, and I will conduct all sessions in a manner that upholds the reputation of Therapeutic Touch throughout the world.

11. I will not hold the TTNO responsible for any consequences resulting from my practice of Therapeutic Touch. I am aware that decisions regarding insurance coverage and liability are left to my own discretion.

12. I understand that, should the TTNO receive any complaints about my sessions, or my conduct, I will be notified of that complaint. If, after due process of investigation, a mutually acceptable resolution of any associated problems cannot be achieved, the TTNO has the right to withdraw my name from the list of members of the TTNO.

Print Name _____

Signature _____ Date _____