

Australian Hypnotherapists' Association

ABN 20 004 388 872

Founded 1949

Registered 1957

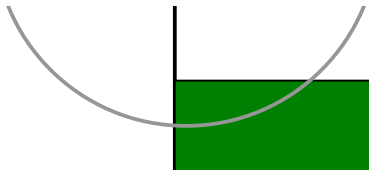
A Member Association of the Psychotherapy and Counseling Federation of Australia (PACFA)



Psychotherapy & Counselling
Federation of Australia



Application Forms



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INTRODUCTION

The Australian Hypnotherapists' Association's (AHA) early members were the pioneers of Hypnotherapy in Australia. The Association was formed in 1949 by a group of therapists who had already been in practice for many years.

The AHA was created specifically to support its members by supplying opportunities for exchanges of information, peer group supervision and lectures. The Association was Registered in 1957.

Over the years the AHA has gained wide recognition for the expertise and ethical standards it has maintained in the field of Hypnotherapy. The Association has set a high standard of proficiency and only skilled therapists of high integrity, using approved techniques, are accepted as members.

Its aim as an Association is to provide continuing empirical leadership in the field of Clinical Hypnotherapy to practising Hypnotherapists.

Our standards book "**A Set of Competency and Proficiency Standards for Australian Professional Clinical Hypnotherapists – A descriptive Guide to the Australian Hypnotherapists' Association Accreditation System**" first published in 1996, is available from the National Library and all State libraries in Australia as well as selected overseas libraries. It is the first book ever written, both in Australia and overseas that set out Hypnotherapy standards for the profession.

The AHA is an inaugural member of PACFA (The Psychotherapists and Counsellors Federation of Australia), a National Peak body that represents the interests of the large number of therapists working throughout Australia.

Please read the respective Membership Eligibility Criteria contained in the AHA Prospectus in conjunction with completing the membership level being applied for.

AHA CONTACT DETAILS

www.ahahypnotherapy.org.au

Free call All States 1800 067 557 (Victoria 1800 186 305)

National Executive & State Executive Officers

National President

Bruni Brewin
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Chipping Norton NSW 2170
Tel. (02) 9755 5512
Fax. (02) 9755 5514
bruni.brewin_aha@froggy.com.au

National Vice President /AHA Webmaster

Antoine Matarasso
73 Terrace St.
New Farm Qld. 4005
Tel: (07) 3254 1373
antoine@trancesolutions.com

National Secretary

Katherine Ferris
9 Post Office Rd
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Tel: (02) 9652 1818
katherine@sydneywellbeing.com

National Treasurer

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Tel. (02) 9489 3285
mayalak@ozemail.com.au

National Membership Secretary

Megan Davenport
11 Sander Ave
North Rocks 2151
Tel: (02) 9873 3837
daven04@optusnet.com.au

National Director/ NSW Workshop Coordinator

Lydia Deukmedjian (NSW)
0410 327 665
Lydia@acceleratedhealing.com.au

ACT NT SA & TAS - Tel: (02) 9652 1818
Katherine Ferris - National Secretary

Victorian Executive Committee

Victorian State Executive Officer

Tony Gilmour (03) 0197 2242
tony@wholemindstretagies.com

Victorian State Secretary (Pending)

Contact: Tony Gilmour (03) 0197 2242
tony@wholemindstretagies.com

Victorian State Treasurer

Tony Gilmour (03) 0197 2242
tony@wholemindstretagies.com

Victorian Executive Committee cont...

Victorian State Workshop Co-ordinator

Julie Madden 0408 355 592
Blat227@bigpond.com

Victorian State Membership Secretary

Sandra Williams (03) 9585 7904
sw_hypno@bigpond.net.au

Queensland Executive Committee

Queensland State Executive Officer

Geoff Sly Ph: (07) 5526 2525
goldcoastlifestyle@bigpond.com

Queensland State Secretary/Membership Secretary

Maria Element Mob: 0421 396 994
marie@marieelement.com.au

Queensland State Treasurer

Bernadette Rizzo (07) 3890 0959
bernierizzo@hotmail.com

Queensland Director - Anthony Thorne (07) 3341 3808

loganhypno@optusnet.com.au

Queensland Director - Harry Miller Ph: (07) 5532 9977

starthm@bigpond.net.au

Western Australia Executive Committee

Western Australia State Executive Officer

Linda Milburn (08) 9380 8862
glmilburns@bigpond

Western Australia State Secretary

Jan Duncan (08) 9573 1088

Western Australia State Treasurer

Kristina Alderson (08) 9398 2301
Kristina@krsallis.com.au

Western Australia State Membership Secretary

Greg Smith Mob: 0417 024 396
resolution123@bigpond.com

Western Australia State Workshop Coordinator

Sonia Czernik (08) 9443 3417
hypnosisandhealth@gmail.com

W. Aust. Director - Peter Smith (08) 9201 9290

petersmith@hypnowest.com.au

W. Aust. Director - Kathryn Sturtridge (08) 9388 6920

lotushypnosis@westnet.com.au

W. Aust. Director - Beverley Arnold (08) 9227 1284

bevarnold@iinet.net.au

Document Verification

1. All documents are required to be verified and signed as true copies by a Justice of the Peace, or Post Master.
2. The signed documents must show clearly the name of the verifier together with contact details that will allow verification of authenticity.
3. That the Applicant authorises an AHA Executive Member to check the authenticity of any verified documents should they wish to do so.

Should you have any problems with completing your application form please contact the Membership Secretary or Assistant Membership in your state for assistance.

APPLICATION FOR AFFILIATE MEMBERSHIP

I wish to apply for membership with the AHA as an Affiliate Member.

Surname: _____ First Name(s): _____ Title: _____

Address: _____ Post Code: _____

Date of Birth: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile: _____

E-mail: _____

Website: _____

Have you ever been refused acceptance or had any disciplinary action taken against you by any other association?

Yes No If 'Yes' please give details on a separate attached sheet.

Have you ever been convicted of a criminal offence (not including minor traffic offences)?

Yes No If 'Yes' please give details on a separate attached sheet.

I have read and agree to the membership criteria for Affiliate Membership as detailed in the AHA Prospectus and I agree to abide by the AHA's Code of Ethics. I agree to hold the AHA indemnified for all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it, arising directly, or indirectly from my conduct or from my practicing hypnotherapy.

I agree that as an Affiliate member, whilst maintaining that status I shall not hold out or represent or advertise to the public at large or in any way let it be known in order to practice hypnotherapy that I am a member in any status of the Association whatsoever and/or that I am accredited by the Association and/or I am working under the auspices of the Association.

I understand that the yearly Affiliate Membership fee is **\$40.00** and is due 1st of January each year.

I understand that pro-rata fees are applicable upon approval of my application

Signed: _____ Date _____

OFFICE USE ONLY

Chq No/Cash/Other: _____ Amount: _____ Date _____

Receipt No: _____ Membership No: _____

APPLICATION FOR STUDENT MEMBERSHIP

I wish to apply for membership with the AHA as a Student Member.

Surname: _____ First Name(s): _____ Title: _____

Address: _____ Post Code: _____

Date of Birth: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile: _____

E-mail: _____

Website: _____

Have you ever been refused acceptance or had any disciplinary action taken against you by any other association?

Yes No If 'Yes' please give details on a separate attached sheet.

Have you ever been convicted of a criminal offence (not including minor traffic offences)?

Yes No If 'Yes' please give details on a separate attached sheet.

I advise that I am currently engaged in a program of study and I enclose evidence of study herewith.

Name of Teaching Institution: _____

Name of course: _____

Address: _____

Phone No: _____

E-mail address: _____

I have read and agree to the membership criteria for Student Membership as detailed in the AHA Prospectus and I agree to abide by the AHA's Code of Ethics. I agree to hold the AHA indemnified for all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it, arising directly, or indirectly from my conduct or from my practicing hypnotherapy.

I understand that the yearly Student Membership fee is **\$40.00** and is due 1st of January each year.

I understand that pro rata fees are applicable upon approval of my application.

Signed: _____ Date _____

OFFICE USE ONLY

Chq No/Cash/Other: _____ Amount: _____ Date _____

Receipt No: _____ Membership No: _____

APPLICATION FOR ASSOCIATE MEMBERSHIP

I wish to apply for membership with the AHA as an Associate Member.

Surname: _____ First Name(s): _____ Title: _____

Address: _____ Post Code: _____

Date of Birth: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile: _____

E-mail: _____

Website: _____

First Aid Cert: No: _____ Expiry Date: _____ Copy encl.

Professional Indemnity Insurer: _____

Policy No: _____ Expiry Date: _____ Copy encl.

Name of Teaching Institution: _____

Name of course: _____

Address: _____

Phone No: _____

E-mail address: _____

Total Number of hours studied (min. 150 hrs): _____

Qualification(s) gained: _____ Copy encl.

Additional hypnotherapy courses since completion of initial training: _____

_____ Copy encl.

Any other relevant training (eg. counseling): _____ Copy encl.

Number of Client sessions completed since end of training: _____

Details of your current Supervisor/Trainer:

Name: _____

Address: _____ Post Code: _____

Phone: _____ Fax: _____

E-mail: _____

Have you ever been refused acceptance or had any disciplinary action taken against you by any other association?

Yes No If 'Yes' please give details on a separate attached sheet.

Have you ever been convicted of a criminal offence (not including minor traffic offences)?

Yes No If 'Yes' please give details on a separate attached sheet.

- I have read and agree to the membership criteria for Associate Membership as detailed in the AHA Prospectus and I agree to abide by the AHA's Code of Ethics. I agree to hold the AHA indemnified for all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it, arising directly, or indirectly from my conduct as a Hypnotherapist.
- I enclose letters from 3 referees, one (1) from my Supervisor and two (2) from people who are not related to me and who have known me professionally for at least two (2) years and can attest to my professional capabilities, good fame, reputation and character.
- I enclose the prescribed one off non-refundable application fee of **\$40.00**.
- I understand that if my application is accepted that there is prescribed one-off non-refundable exam fee of **\$100.00** with a date and time to be set upon acceptance of my application with a date and time mutually agreed upon.
- I understand that the yearly Associate Membership fee is **\$98.00** and is due 1st of January each year
- I understand that pro rata membership fees are applicable upon approval of my application.

I declare that the information given by me on this form is correct and that I have not willingly suppressed any facts that may be detrimental to my application, and I give permission for an AHA Executive Member to check any details/documents should they wish to do so.

Signed: _____ Date _____

OFFICE USE ONLY

Chq No/Cash/Other: _____ Amount: _____ Date _____

Receipt No: _____ Membership No: _____

APPLICATION FOR CLINICAL MEMBERSHIP

I wish to apply for membership with the AHA as a Clinical Member.

Surname: _____ First Name(s): _____ Title: _____

Address: _____ Post Code: _____

Date of Birth: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile: _____

E-mail: _____

Website: _____

First Aid Cert: No: _____ Expiry Date: _____ Copy encl.

Professional Indemnity Insurer: _____

Policy No: _____ Expiry Date: _____ Copy encl.

Name of Teaching Institution: _____

Name of course: _____

Address: _____

Phone No: _____

E-mail address: _____

Total number of hours and months of study (min. 400hrs): _____

Qualification(s) gained: _____ Copy encl.

Additional hypnotherapy courses since completion of initial training: _____

_____ Copy encl.

Any other relevant training (eg. counseling): _____

_____ Copy encl.

Number of Client sessions completed since end of training: _____

Details of your current Supervisor:

Name: _____

Address: _____ Post Code: _____

Phone: _____ Fax: _____

E-mail: _____

Have you ever been refused acceptance or had any disciplinary action taken against you by any other association?

Yes No If 'Yes' please give details on a separate attached sheet.

Have you ever been convicted of a criminal offence (not including minor traffic offences)?

Yes No If 'Yes' please give details on a separate attached sheet.

- I have read and agree to the membership criteria for Clinical Membership as detailed in the AHA Prospectus and I agree to abide by the AHA's Code of Ethics. I agree to hold the AHA indemnified for all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it, arising directly, or indirectly from my conduct as a Hypnotherapist.
- I enclose letters from 3 referees, one (1) from my Supervisor and two (2) from people who are not related to me and who have known me professionally for at least two (2) years and can attest to my professional capabilities, good fame, reputation and character.
- I enclose the prescribed one off non-refundable application fee of **\$40.00**.
- I understand that if my application is accepted that there is prescribed one-off non-refundable exam fee of **\$100.00** with a date and time to be set upon acceptance of my application with a date and time mutually agreed upon.
- I understand that the yearly Clinical Membership fee is **\$198.00** and is due 1st of January each year
- I understand that pro rata membership fees are applicable upon approval of my application.

I declare that the information given by me on this form is correct and that I have not willingly suppressed any facts that may be detrimental to my application, and I give permission for an AHA Executive Member to check any details/documents should they wish to do so.

Signed: _____ Date _____

OFFICE USE ONLY

Chq No/Cash/Other: _____ Amount: _____ Date _____

Receipt No: _____ Membership No: _____