

# Australian Hypnotherapists' Association

ABN 20 004 388 872

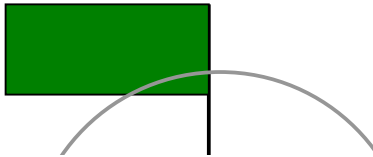
Founded 1949

Registered 1957

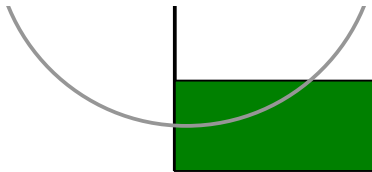
A Member Association of the Psychotherapy and Counselling Federation of Australia (PACFA)



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](http://www.ahahypnotherapy.org.au)

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

### **National Executive & State Executive Officers**

#### **National President**

Bruni Brewin  
22 Epsom Road  
Chipping Norton NSW 2170  
Tel. (02) 9755 5512  
Fax. (02) 9755 5514  
[bruni.brewin\\_aha@froggy.com.au](mailto: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](mailto:antoine@trancesolutions.com)

#### **National Secretary**

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

#### **National Treasurer**

Maya Lak  
19 Macleay Street  
Wahroonga NSW 2076  
Tel. (02) 9489 3285  
[mayalak@ozemail.com.au](mailto:mayalak@ozemail.com.au)

#### **National Membership Secretary**

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

#### **National Director/**

#### **NSW Workshop Coordinator**

Lydia Deukmedjian (NSW)  
0410 327 665  
[Lydia@acceleratedhealing.com.au](mailto: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](mailto:tony@wholemindstretagies.com)

#### **Victorian State Secretary**

Julie Madden 0408 355 592  
[Blat227@bigpond.com](mailto:Blat227@bigpond.com)

#### **Victorian State Treasurer**

Tony Gilmour (03) 0197 2242  
[tony@wholemindstretagies.com](mailto:tony@wholemindstretagies.com)

#### **Victorian Executive Committee cont...**

#### **Victorian State Workshop Co-ordinator**

Julie Madden 0408 355 592  
[Blat227@bigpond.com](mailto:Blat227@bigpond.com)

#### **Victorian State Membership Secretary**

Sandra Williams (03) 9585 7904  
[sw\\_hypno@bigpond.net.au](mailto:sw_hypno@bigpond.net.au)

#### **Queensland Executive Committee**

#### **Queensland State Executive Officer**

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

#### **Queensland State Secretary**

Maria Element Mob: 0421 396 994  
[marie@marieelement.com.au](mailto:marie@marieelement.com.au)

#### **Queensland State Treasurer**

Bernadette Rizzo (07) 3890 0959  
[bernierizzo@hotmail.com](mailto:bernierizzo@hotmail.com)

#### **Queensland Director - Anthony Thorne (07) 3341 3808**

[loganhypno@optusnet.com.au](mailto:loganhypno@optusnet.com.au)

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

[starthm@bigpond.net.au](mailto:starthm@bigpond.net.au)

#### **Western Australia Executive Committee**

#### **Western Australia State Executive Officer**

Linda Milburn (08) 9380 8862  
[glmilburns@bigpond](mailto:glmilburns@bigpond)

#### **Western Australia State Secretary**

Jan Duncan (08) 9573 1088

#### **Western Australia State Treasurer**

Kristina Alderson (08) 9398 2301  
[Kristina@krsallis.com.au](mailto:Kristina@krsallis.com.au)

#### **Western Australia State Membership Secretary**

Greg Smith Mob: 0417 024 396  
[resolution123@bigpond.com](mailto:resolution123@bigpond.com)

#### **Western Australia State Workshop Coordinator**

Sonia Czernik (08) 9443 3417  
[hypnosisandhealth@gmail.com](mailto:hypnosisandhealth@gmail.com)

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

[petersmith@hypnowest.com.au](mailto:petersmith@hypnowest.com.au)

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

[lotushypnosis@westnet.com.au](mailto:lotushypnosis@westnet.com.au)

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

[bevarnold@iinet.net.au](mailto: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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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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 \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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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 \_\_\_\_\_

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**OFFICE USE ONLY**

Chq No/Cash/Other: \_\_\_\_\_ Amount: \_\_\_\_\_ Date \_\_\_\_\_

Receipt No: \_\_\_\_\_ Membership No: \_\_\_\_\_