

Australian Hypnotherapists' Association

ABN 20 004 388 872

Founded 1949

Registered 1957

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

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): _____

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 of study (min. 150hrs): _____

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: _____ 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.

- 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. (available on the AHA website)
- 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 a copy of my Working With Children card **and/or** clean National Police record (if available in your state)
- I enclose a copy of my Current Senior First Aid Certificate
- I enclose a copy of my Drivers License or other photo ID
- I enclose a copy of my current Professional Indemnity Insurance policy
- I understand that the yearly Associate Membership fee is \$98.00 and is due 1st of January each year (not applicable for the first year - if upgrading from student membership)

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: _____
