

# AUSTRALIAN HYPNOTHERAPISTS' ASSOCIATION & the National Hypnotherapists' Register of Australia

## APPLICATION FOR PROFESSIONAL MEMBERSHIP

I wish to apply for AHA Membership and registration with the NHRA.

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: \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Total number of hours of study (min. 450hrs This can include classroom & homework hours but not such things as workshop attendance or private reading etc): \_\_\_\_\_

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 or a member of your peer supervision group:

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 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 copies of **all** my qualifications; signed by a JP or a Police Officer or a Pharmacist.
- I enclose a copy of my current First Aid Certificate
- I enclose a copy of my Professional Indemnity insurance
- 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 Criminal History Record Check (if WWC card not yet available in your state/country)
- I enclose the prescribed one off non-refundable application fee of **\$40.00**.
- I understand that I will be required to do a short entry exam upon approval of my application.
- I understand that the yearly Clinical Membership Registration fee is **\$198.00** and is due 1st of January each year
- I understand that pro rata registration 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: \_\_\_\_\_

# BENEFITS OF PROFESSIONAL MEMBERSHIP

Once you are a Professional member the AHA offers you a unique combination of benefits.

## These benefits include:

- The prestige of being part of the oldest and largest professional hypnotherapy association in Australia recognised nationally and internationally.
- Health Funds rebates for your clients
- Low cost discounted professional Indemnity Insurance
- Quarterly e-magazine
- Monthly newsletter
- Strong Support Network
- All membership mail outs
- Full, dedicated referral facilities from the AHA National Advisory Line by an experienced, specialist hypnotherapist to all clinical members (our toll free 1800 number is available to members and the public between 8:00 am to 6:00 pm Monday to Friday)
- The circularisation of details of forthcoming workshops and seminars
- Ability to attend AHA conferences and workshops at reduced rates
- The provision of regional information to members seeking peer group or personal supervision
- Automatic upgrading to higher membership levels – no waiting for special meetings. As soon as they are qualified all membership benefits will be available. Automatic upgrading to higher membership levels – no waiting for special meetings. As soon as they are qualified all membership benefits will be available.
- Clinical members may use the AHA logos:
- Opportunity to be a supervisor
- Opportunity to be a committee member
- A dedicated AHA website National Register, with free inclusion of clinical members' contact details together with active links to their own email addresses and websites
- Access to an exclusive *Yellow Pages* Advertising Scheme
- Free publication and distribution of regular *News Bulletins*
- The provision of relevant information on all aspects of the profession to government departments, insurance companies, the health funds, the media and the public
- Free provision of user-friendly *Data Sheets* for the maintenance of Continuing Professional Development records
- Representation to, and dissemination of relevant information from the Department of Health (DoH) and all other interested Agencies