



Australian Hypnotherapists' Association

Founded 1949

Registered 1956

www.ahahypnotherapy.org.au

ABN 20 004 388 872

Phone: 1300 55 22 54

administrator@ahahypnotherapy.org.au

Registration as an AHA Supervisor

The AHA identifies supervision as vital to the hypnotherapy task and the principle means of enabling a hypnotherapist's professional ongoing development. AHA Supervisors are concerned about the hypnotherapist, the hypnotherapist's clients and the framework in which the hypnotherapist works. AHA Supervisors undertake responsibility for the quality of the supervision provided. This demands a commitment to her/his own personal and professional development as well as to the practice of supervision.

Supervision is a process in which supervisor and supervisee (or group of supervisees) form a relationship with the professional goal of helping the supervisee(s) maintain and improve their hypnotherapy skills within the framework of the theoretical models the hypnotherapist(s) has/have chosen.

The granting and renewal of registration of AHA supervisors is an important part of the Association's function in promoting quality and ethical standards for the profession of hypnotherapy.

Standards for AHA Supervisors

A Supervisor Must Be Able to Demonstrate:

- a) A therapeutic approach to supervisees, including: respect; empowerment; genuineness; congruence; clear self-boundaries.
- b) Hypnotherapy and counselling skills including: empathy; immediacy; questioning; informing; guiding and confronting.
- c) Specific supervisory skills, including: process orientation; maintaining the focus of the client/hypnotherapist system; awareness and use of parallel process; appropriate didactic input; hypothesising; checking out and offering choices; lack of collusion; flexibility; appropriate integration of the association's accountability and guidelines within the supervisory process.
- d) Ability to work with supervisees presenting from a range of models of hypnotherapy, counselling and psychotherapy.
- e) An integrated personal model of both hypnotherapy and clinical supervision.
- f) An ability to facilitate a supervisee's acceptance of responsibility for her/his own development.
- g) Competence in identifying and evaluation of a supervisee's personal and professional resources.
- h) An ability to negotiate an appropriate program to meet the particular development needs of the supervisee.

Applicants for registration as an AHA Provisional or Clinical Supervisor are required to fulfil the following conditions to the satisfaction of the National Executive Committee.

- i. Clinical Member of the AHA
- ii. Completion of at least five years practical experience (consisting of at least one thousand hours of hypnotherapy under supervision) of working in the field at a clinical level prior to applying.
- iii. Applicants who are currently serving on the Board of another hypnotherapy association are not eligible to register as an AHA Provisional or Clinical Supervisor (due to any real or perceived conflict of interest).
- iv. Every applicant whether for Provisional or Clinical Supervisor membership of the AHA must be deemed likely to be accepted without reservation by all AHA clinical members. However if there is a problem then the final decision will be at the discretion of the Executive.

Procedure for the Registration of Provisional AHA Supervisors

Applicants who believe they meet the requirements as defined in the Standards for Provisional Supervisor membership are invited to apply to the National Committee via the National Administrator for registration as a Provisional Supervisor.

Applicants must provide:

1. A DVD or VHS recording of a supervision session (can be a role play).



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2. Evidence of Current AHA Clinical membership
3. Evidence of all Supervisor training undertaken and qualifications gained
4. Supervisor(s) report(s) supporting completion of at least one thousand hours of hypnotherapy under supervision.

The National Administrator will be directed by the National Committee to notify the Applicant and the State Management Committee of the outcome.

Procedure for the Registration of Clinical Supervisors

Applicants who believe they meet the requirements as defined in the Standards for Clinical Supervisor membership are invited to apply to the national committee via the national administrator as a Clinical Supervisor.

Applicants must provide:

1. A DVD or VHS recording of a real supervision session.
2. Evidence of Current AHA Clinical membership
3. Evidence of all training undertaken and qualifications gained
4. Evidence of having conducted at least one thousand hours of hypnotherapy under supervision.
5. Evidence of having conducted at least fifty hours of both individual and where possible, group supervision
6. The name of three current or recent supervisees and your current Supervisor of Supervision as referees.

The national administrator will notify the Applicant and the State Management committee of the outcome once the national committee has verified qualification.

Publication of Names

The names of registered AHA Clinical Supervisors will be advertised on the AHA website

Maintenance of Supervisory Status

The Criteria for the Annual Renewal of Accreditation and the Annual Renewal of Membership.

- a) The AHA Supervisor membership year runs concurrently with the AHA membership year - from the 1st of April to the 31st of March each year.
- b) AHA membership as Supervisor is contingent upon accreditation. Thus, no application for annual renewal of membership will be accepted from any Supervisor who has not been accredited by Executive of the AHA for the ensuing year.
- c) (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted from any individual who did not have Supervisor status (in good standing) on 31 March of the immediately preceding year.
- d) (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted and / or administratively processed until all of the specified dues, renewal and /or re-accreditation fees for the ensuing year have been paid in full.
- e) (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for renewal of annual membership will be accepted and / or administratively processed until all of the specified dues, renewal and /or re-accreditation fees for the ensuing year have been paid in full.
- f) No application for either re-accreditation or the renewal of annual membership will be accepted unless it has been made in the form and the manner that has been prescribed by the Executive.

The applicant must –

1. have satisfied the A.H.A. Executive's specified Continuing Professional Education requirements for the preceding year,



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2. have agreed to undertake at least twenty (20) hours of appropriate Continuing Professional Education in the ensuing year.
3. have satisfied the A.H.A. Executive that s/he has a current Senior First Aid certificate.
4. have satisfied the A.H.A. Executive that s/he has undertaken the specified requirements for supervision of supervision for the ensuing year.
5. The applicant must be able to satisfy the Executive of the AHA that s/he is currently maintaining (or has access to) and is currently using an adequate professional library.
6. The applicant must be able to demonstrate that s/he has satisfied the stated Malpractice Liability Insurance requirements of the AHA for the ensuing year.
7. The applicant must be able to satisfy the AHA Executive that her/his fitness to efficiently practice as a clinical supervisor is not impaired in any way by reason of infirmity, illness, or injury.
8. In applying for renewal of membership and re-accreditation, the applicant agrees that, in the event of her/his being granted leave of absence from the AHA for a specified period of time, her/his membership and accreditation will be suspended until s/he returns. Provided s/he returns within the agreed time, both her/his membership and accreditation will be reinstated.
9. In renewing her/his membership and accreditation, the applicant implicitly agrees that, if her/his AHA membership status is suspended for disciplinary reasons, her /his accreditation will be automatically and immediately suspended until her/his membership has been reinstated



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Application to register as an AHA Supervisor

Surname	_____	First name:	_____
Address:	_____		
	_____	Post code:	_____
Phone W:	_____	Phone H:	_____
Phone M:	_____	Email:	_____
AHA Clinical membership number:		_____	
Name of current Hypnotherapy Supervisor:		_____	
First Aid No	_____	Expiry date:	_____
Professional Indemnity Insurance Provider:		_____	
Policy no:	_____	Expiry date:	_____

Supervision qualifications: (please attach copy/s of completed supervision course certified as a true copy)

Teaching institution:	_____
Hours of study:	_____
Name of your current Supervisor of Supervision:	_____
Phone:	_____
Email:	_____
Number of individual supervision sessions completed since end of training:	_____
Number of group supervision sessions completed since end of training:	_____

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

(If yes, please provide details below)

Yes ☐

No ☐

I have attached evidence of supervision training:

Yes ☐

No ☐

I have attached the name and contact details of 3 referees:

Name: _____	Ph: _____	Email: _____
Name: _____	Ph: _____	Email: _____
Name: _____	Ph: _____	Email: _____

I have read the membership criteria for eligibility for registration as an AHA Supervisor.

I agree to abide by the AHA's Code of Ethics

I agree to hold the AHA indemnified for all judgements 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 or Supervisor.

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: _____