



Australian Clinical Hypnotherapist's Association

APPLICATION FOR MEMBERSHIP

Title Surname

First name Middle name

Company / Clinic name

Street address

Postal address

Suburb / Town State Postcode

Telephone Clinic/Business (.....)..... Home (.....).....
Fax (.....)..... Mobile (.....).....

Email..... Website

ACHA Membership year is from July 1st to June 30th. All prices include GST

Future membership renewals are due July 1st and payable before July 31st

If full payment and all renewal documents are not received before August 31st (at the latest), ACHA membership will be cancelled, (full members will be removed from the ANH Register,) and you will need to re-apply for membership.

Please tick the appropriate categories and complete the relevant sections

Full / accredited membership
\$75 per year

Application will NOT be accepted without a completed CPE form.

Eligible members will be those practitioners who have undertaken formal studies in the science, the principles and practice of Hypnosis.

Entitles you:

- to attend monthly meetings,
- obtain ACHA support for professional indemnity insurance,
- ACHA support in being a provider with Australian Unity Health Fund,
- have full Association voting rights,
- use the Association's name, initials and logo on printed matter,
- stand for nomination to the Committee;
- to have your business details displayed on ACHA website;
- access to the members secure area on ACHA Website;
- receive all other benefits and rights of the Association including referrals from our Yellow Pages advertisement and ACHA Website.
- Discounted fee to be registered on the Australian National Hypnotherapy Register

20 CPE points are required every year to maintain this level of membership

Australian National Hypnotherapy Register (ANHR) Listing (was CCH)
\$35 per year

ACHA has negotiated a reduced fee to be included on the CCH sponsored **Australian National Hypnotherapy Register**. For those full members who would like to take up this option, the ACHA Full membership & ANHR registration joint fee is \$110.00. This is only available when taken and paid together.

Associate membership

\$65 / year

Eligible members will have undertaken formal studies in the science, the principles and practice of Hypnosis.

Entitles you:

- to attend monthly meetings,
- have full Association voting rights,
- stand for nomination to the Committee and receive all other benefits and rights of the Association.

CPE points are encouraged every year to support and develop this level of membership.

Student membership

\$25 / year

Students who are currently undertaking studies in Hypnotherapy are eligible for student membership.

Entitles you:

- to attend monthly meetings.

Status can be upgraded to full membership upon evidence of completion of an ACHA approved course.

PRACTITIONER DETAILS

1. **Please list any current membership with other relevant associations:**

.....

2. **Please tick if you practice any of the following:**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Chinese Herbal Medicine | <input type="checkbox"/> NLP |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> EFT / TFT |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Kinesiology |
| <input type="checkbox"/> Acupuncture | |
| <input type="checkbox"/> Other | |

3. **Specialty area/s of practice**

4. **Tertiary and/or other relevant qualifications:** (Note: you may be requested to show documented proof.)

.....

The ACHA encourages all full members in practice to hold current professional indemnity insurance and a current first aid certificate. Both are essential if you wish to receive a private health fund provider number.

- 5. **I would like to be included on the ACHA Private Health Funds Provider Listing** and I certify;
- 6. **I have a current first aid certificate** & include photocopy of my current certificate in my documentation
- 7. **I have professional indemnity insurance** & include a photocopy of my current receipt in my documentation

CLINIC DETAILS

Include my information on the ACHA Website Locality Guide.
If you do not tick the box you will not be included in the Locality Guide

Clinic name

Specialties (e.g. smoking cessation)

Do not refer (e.g. relationship issues, children etc)

*Street Address

Suburb/Town State Postcode

Business phone (.....) Fax (.....)

Clinic hours / days

Melways Reference

*I work from home: do NOT include my street address for publication in the locality guide on the ACHA website

APPLICATION FOR FULL / ACCREDITED MEMBERSHIP

To be completed if you are a qualified hypnotherapist applying for full membership

Please select one and include the requested information with your application.

I hereby apply for full membership with the Australian Clinical Hypnotherapist's Association under the following clause:

- Clause 1** I have successfully completed a Clinical Hypnotherapy course that is:
Accredited by the ACHA.

Essential attachments:

- Copy of Diploma in Clinical Hypnotherapy
- Name of Referee from the Training Institution

OR

- Clause 2** I have successfully completed a Clinical Hypnotherapy course that is:
NOT accredited by the ACHA.

Where the studies have not been completed through an accredited course, evidence of appropriate training must be included. This should include copies of relevant diplomas in clinical hypnotherapy, evidence of practice (e.g. copies of clinic letterheads, advertising notices), colleague references (preferably ACHA full members), and any other relevant information.

Essential attachments:

- Copies of all relevant documents as outlined above

Note: Applicants will be required to undertake an interview

APPLICATION FOR STUDENT MEMBERSHIP

I hereby apply for student membership with the Australian Clinical Hypnotherapists Association.

I fully understand and agree that as a student member:

- I will not use the Association's name, initials or logo on any printed matter including advertising.
- I have no voting rights and cannot stand for nomination to the Committee.
- I will not be admitted as a full member until the proper criteria are fulfilled.
- I will abide by the decisions of the Committee.

Name of College / Institution

Title of course being studied

Anticipated date of graduation

Is your course currently ACHA accredited?

Signature Date

APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for Associate membership with the Australian Clinical Hypnotherapists Association.

I fully understand and agree that as an associate member:

- I will not use the Association's name, initials or logo on any printed matter including advertising.
- I have voting rights and can stand for nomination to the Committee.
- I will not be admitted as a full member until the proper criteria are fulfilled.
- I will abide by the decisions of the Committee.

Signature Date

CERTIFICATE OF FULL MEMBERSHIP
NAME TO APPEAR ON MEMBERSHIP CERTIFICATE
(please print clearly)

.....
PAYMENT DETAILS

- \$25 Non Refundable Application Fee** (All Applicants)
- Full Membership \$75** plus **ANHR Membership \$35** (Full Members Only)
OR
 Associate Membership \$65
OR
 Student Membership \$25

CHECKLIST

- Application for ACHA Membership Form** (All applicants, pages 1-4)
 Copies of diploma, documents &/or adequate and appropriate evidence as required.
 CPE Diary (Mandatory for Full Membership)
 Copy of First Aid Certificate (Mandatory for Health Fund Provider Status)
 Copy of Professional Indemnity Insurance Receipt (Mandatory for Health Fund Provider Status)
 Payment by Cheque or Money Order or
 Payment by Direct Deposit. Transaction / ID _____

Total Amount Paid AU\$ _____

Signed.....

Date.....

MAKE CHEQUE OR MONEY ORDER PAYABLE TO:

Australian Clinical Hypnotherapist's Association

Use complete name of Association. Do not use acronyms. Payment is in Australian dollars.
To pay directly into the ACHA Bank account, email achainc@gmail.com for details.

RETURN DOCUMENTATION AND PAYMENT TO

Australian Clinical Hypnotherapist's Association
P.O. Box 196
Forest Hill, VIC 3131

OFFICE USE ONLY

Paid \$.....

Receipt number

Category

POSTED:

Certificate posted:

Welcome Pack posted:

ADDED:

Added to database

Added to mailing list



ACHA CODE OF ETHICS

1. Application for membership is taken as a personal ratification of this code by each member.
2. Members must obtain informed consent from their clients before commencing treatment.
3. Members are to be responsible for communicating the terms on which therapy is being offered to clients, in relation to matters such as price, nature and duration of session.
4. Members are advised that it is highly recommended that they hold professional insurance.
5. Members are to respect the privacy of their clients and preserve the confidentiality of information (written or verbal) acquired in the course of their work. All clients' files should be kept in a secure environment.
6. Members must only use recognised forms of induction. Under no circumstances shall they use any form of drugs, analgesics or anaesthetic agents.
7. Members are to monitor their work through regular self-evaluation and keep well informed of the latest developments, techniques and issues in clinical practice and if a case is outside of their expertise, they should refer to other professionals who have the relevant competence to deal adequately with the referral.
8. Members shall not use the association logo in any advertising or promotional material unless they have passed the requirements of the association and are financial members.
9. Members must not take part, condone or in any way be associated with stage performance or any party type performance of hypnosis.
10. Members are to conduct themselves in a professional manner and should not engage in personal, social or sexual relationships with clients during the therapeutic process, they should, at all times, uphold the integrity of the profession of Clinical Hypnotherapy and of the Australian Clinical Hypnotherapist's Association.