



APPLICATION FOR MEMBERSHIP
**The Australian Association of
 Professional Hypnotherapists & NLP
 Practitioners Inc.**

P.O. Box 64, Miami. Qld 4220

Applicants Full Name

Residential Address

Post Code

Business Address

Post Code

Phone (...) **Email**

Declaration

I Hereby apply to become a Member of the above named incorporated Association as a:

- Registered Hypnotherapist and/or NLP Practitioner \$180.00*
- Member) \$120.00*
- Associate Member \$50.00*

Note: Membership as Hypnotherapist & NLP Practitioner requires only one Membership fee

- In the event of admission as a Member I agree to be bound by the rules and Code of Conduct of the Association for the time being in force.
- You are required to answer the following questions:

Are you currently being treated by a Psychologist or Psychiatrist? Yes No

Are you currently being treated for a Psychiatric condition? Yes No

Have you ever been convicted in a Court of law? Yes No

If you have answered Yes to any of the above questions, it is a condition of acceptance into the Association that you provide full and frank details to the Membership Board. These details will be held in strict confidence.

Applicant's signature Date / /

In the presence of JP/C.Dec Signature

I enclose my non-refundable application fee of \$25.00*
 annual Membership fee (appropriate to grade) \$

Total	\$
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Fees are calculated as a percentage of the annual fee and will annually terminate on June 30th. You will be advised of the actual fee required when your application has been successfully processed.

Note. Under the provisions of rule 7(2) the Management Committee has the right reject any application without being required to state the reasons therefore.

If renewing an existing membership please use the renewal form.

Proposer I nominate the applicant, who is personally known to me as a person of good character, for Membership of the Association

Signed Date / /

Second I second the applicant, who is personally known to me as a person of good character, for Membership of the Association

Signed Date / /

Membership requirements and Fees

Membership requirements for as at 1/1/2012

Note The 'Registered' grade of Membership is a professional grade, and qualifies for a Certificate of Registration issued by the Registration Board of the Society.

Associate members (a) are required to state on their application form that they have an interest in Hypnotherapy and/or NLP but have insufficient qualifications to become full members. They are also required to state that they have no criminal record or current psychiatric disorder. They are required to commit themselves to the Association's Rules and Byelaws. **Fee \$50 pa**

Members (g) in addition to the above must have commenced a formal training in Hypnotherapy and/or NLP in an approved course and be working under supervision. They must give a commitment to a programme of continuing education in accordance with the byelaws. Must hold current certification in Senior First Aid, CPR and hold a permit to work with children if required in their State of practice, or provide a declaration that s/he does NOT work with children.

Applicants may be required, at the discretion of the Board of Registration, to attend a personal interview to demonstrate their competency. **Fee \$120 pa**

Registered Hypnotherapists (e) and/or NLP Practitioners (f) in addition to the above (a) to have taken formal training in Hypnotherapy and/or NLP to a minimum of 400 hours of which 100 hours must be classroom hours or give evidence of long term practical experience in their chosen field. They must give a commitment to a programme of continuing education in accordance with the byelaws. Applicants may be required, at the discretion of the Board of Registration, to attend a personal interview to demonstrate their competency. Must hold current certification in Senior First Aid, CPR and hold a permit to work with children if required in their State of practice, or provide a declaration that s/he does NOT work with children. **Fee \$180 pa**

Note: Entry into any grade of Membership of the Association is subject to approval by the Management Committee or its appointed Board of Registration. (Rule 7.1)

DOCUMENTARY EVIDENCE FOR GRADING PURPOSES

Applicant's full name	
Residential address	
..... Post code	
Postal address	
..... Post code	
Telephone (...)	email

Please enclose certified COPIES of all certificates, transcripts etc with your application.
 The bylaws of the Association require that entry into all grades of membership above that of Associate Member is based on satisfactory completion of acceptable training programmes and that all awards be fully authenticated.

Grade applied forRegistered Member

Date commenced professional practice / / Full or part time

Qualifications/evidence of formal training

Copies enclosed
Please

Hypnotherapy

- | | |
|---------|--------------------------|
| 1. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> |

NLP

- | | |
|---------|--------------------------|
| 1. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> |

To be graded as a Registered Practitioner

- | | |
|---|--------------------------|
| • Senior First Aid Certificate including CPR | <input type="checkbox"/> |
| • Blue Card for working with children if applicable in your State | <input type="checkbox"/> |
| • Continuing education 500 points (See attached additional declaration) | <input type="checkbox"/> |
| • Copies of all certificates with details of number of Classroom hours for each certificate | <input type="checkbox"/> |

OFFICAL USE ONLY	Application received / /
Awards sighted	Training acceptable
Evidence presented	Approved/Unapproved
Comments	