

# The Australian Society of Clinical Hypnotherapists



## Health Fund Registration

TO BE COMPLETED BY REGISTERED PROFESSIONAL MEMBERS ONLY

Existing Registered Member

Upgrading to Registered Member

### CURRENT DETAILS:

Name:			
Postal Address:			
Work phone:	Mobile:	Home:	
Email Address:			

### Please complete declaration and supply supporting documents, where requested:

<input type="checkbox"/>	I have completed a minimum of 20 hours of continuing education over the past 12 months in subjects that will enhance the practice of clinical hypnotherapy. This has included (check all applicable boxes): <input type="checkbox"/> Attendance at Workshops/Seminars <input type="checkbox"/> Home Study with videos and/or reading material <input type="checkbox"/> Internet research <input type="checkbox"/> Research
<input type="checkbox"/>	I have completed the required 12 hours of supervision over the past 12 months <input type="checkbox"/> With a supervisor accredited by the ASCH <input type="checkbox"/> With peer-group supervision <input type="checkbox"/> A combination of both the above Name of Supervisor: _____
<input type="checkbox"/>	I hold a current Senior First Aid Certificate ( <b>please attach a copy</b> ) Name of Provider of Certificate: _____ Certificate Number: _____ Valid to (date): _____
<input type="checkbox"/>	I have current Professional Indemnity and Public Liability Insurance ( <b>please attach a copy</b> ) Insurance Company: _____ Insurance Policy No: _____ Valid to (date): _____
<input type="checkbox"/>	My Clinic address is as follows: (list all Clinic Addresses for Health Fund Listing) Clinic 1 Address: _____ Clinic 2 Address: _____

### **Declaration and Agreement**

I hereby apply for Registered Membership of The Australian Society of Clinical Hypnotherapists.

I hereby acknowledge that I have read the Society's Code of Ethics and that I agree to abide by the Constitution, Rules and Code of Ethics of the Society and any other by-laws promulgated by the ASCH or its Board of Directors from time to time, for as long as I remain a member.

If practising in NSW, I will display the HCCC Code of Conduct for unregistered health practitioners in my clinic as required by state law.

I understand that I, as a member, have to ascertain for myself whether I require State or Territory permission or approval for the premises in which I work.

I declare that the information provided above is true and accurate in every respect.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this form to [admin@asch.com.au](mailto:admin@asch.com.au) or mail it to The ASCH, PO Box A127, Sydney South NSW 1235.

(Form updated 20 May 2021)