Please **DO NOT** send this by Registered Mail.

## How to complete this form

1. Print the form and write your answers in the spaces provided.
2. *EITHER* scan the completed form and email it to admin@asch.com.au
*OR*mail it to:
 The Registrar
 The Australian Society of Clinical Hypnotherapists
 65 Hume Street
 Crows Nest NSW 2065

## Which level of membership are you applying for?

*Upon receipt of this form, our* ***administrator*** *will contact you to request relevant documents and payment, in accordance with the level of membership you have selected.*

Tick 🗹 the level of membership you require.

 **Registered Professional Member** ………………………………………………….. 🞐

**Professional Member**……………………………………………………………………… 🞐

 **Intern Professional Member**…………………………………………………………… 🞐

 **Senor Associate**……………………………………………………………………………… 🞐 **Associate**………………………………………………………………………………………… 🞐

 **Affiliate/Student**……………………………………………………………………………… 🞐

 **Emeritus**………………………………………….………….…………………………………… 🞐

## Personal details

|  |  |
| --- | --- |
| Current level of membership: |  |
|  |  |  |  |
| Title:. |  | Given name: |  |
|  |  |  |  |
| Family name: |  |
|  |  |  |  |
| Address |  |
|  |  |  |  |
|  |  | Post code: |  |
|  |  |  |  |
| Phone (home): |  | Phone (work): |  |
|  |  |  |  |
| Fax: |  | Mobile: |  |
|  |  |  |  |
| Website address: |  |
|  |  |  |  |
| Email address: |  |

## Relevant Education and Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution |  | Qualification |  | Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Current membership of professional organisations/associations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation/Association |  | Status |  | Member No. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Code of Conduct

Please tick ‘yes’ or ‘no’ against each of the following questions.

If you answer ‘yes’ to any of the questions, please attach a statement outlining the details, including any findings, court outcomes and/or penalties.

Note that the information you provide will be kept confidential, and a ‘yes’ answer to any of the following questions will not necessarily preclude you from membership of the ASCH.

Note also that If you answer ‘no’ to any of the following questions and it is found at a later date that you have misled the ASCH, you will be deregistered immediately.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| Are there any complaints of professional misconduct currently under investigation or concluded in relation to your current or past positions as a hypnotherapist? |  | 🞐 | 🞐 |
| Are you aware of any formal complaints made against you in regard to your practice as a hypnotherapist, or as any other professional, to any professional association, registration board, or government authority, at any time, regardless of such complaint being actioned or regardless of the outcome? |  | 🞐 | 🞐 |
| Have you ever been refused entry or admission to a professional association or a registration board because of reports of professional misconduct? |  | 🞐 | 🞐 |
| Have you ever been dismissed/deregistered/remanded or had action bought against you from a professional or peak body, association or registration board due to a complaint made against you? |  | 🞐 | 🞐 |
| Have you been convicted of a criminal offence that involved a gaol sentence, white-collar crime, assault, drugs, child abuse, or sexual offence? |  | 🞐 | 🞐 |
| Are you currently under investigation by a government body, State, Territory, or Federal Police? |  | 🞐 | 🞐 |
| Have you ever had an application to work with children refused? |  | 🞐 | 🞐 |

**I declare that the answers to the above questions are true and accurate in every respect.**

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

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

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

## Membership Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby apply to change my membership level with the Australian Society of Clinical Hypnotherapists (ASCH). I:

1. agree to abide by the ASCH’s Code of Ethics 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
2. agree to abide by all applicable State, Territory, and Federal laws
3. understand that, as a member of the ASCH, I 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 in this form is true and accurate in every respect.**

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

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

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