

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 accrued a minimum of 20 points of continuing education over the past 12 months in subjects that will enhance the practice of clinical hypnotherapy (please attach your ASCH OPD card) This has included (check all applicable boxes): <input type="checkbox"/> Attendance at webinars/workshops/courses <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 (as noted in ASCH OPD card): <input type="checkbox"/> With a supervisor accredited by the ASCH <input type="checkbox"/> With peer-and/or 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 (please attach a copy) Name of Provider of Certificate: _____ Certificate Number: _____ Valid to (date): _____
<input type="checkbox"/>	I have current Professional Indemnity and Public Liability Insurance (please attach a copy) 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 or mail it to ASCH, PO Box A127, Sydney South NSW 1235.

(Form updated 16 May 2024)