

Health Fund Registration

TO BE COMPLETED BY REGISTERED PROFESSIONAL MEMBERS ONLY

Existing Registered Professional Member

Upgrading to Registered Professional Member

CURRENT DETAILS:

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

Please complete declaration and supply supporting documents:

<input type="checkbox"/>	I have completed a minimum of 150 hours of clinical practice over the past 12 months.
<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. This has included (check all applicable boxes): <ul style="list-style-type: none"> <input type="checkbox"/> Attendance at Workshops/Seminars/Webinars <input type="checkbox"/> Home study with videos and/or reading material <input type="checkbox"/> Internet research <input type="checkbox"/> Other research
<input type="checkbox"/>	I have completed the required 12 hours of supervision over the past 12 months <ul style="list-style-type: none"> <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 the above Name of supervisor:
<input type="checkbox"/>	I hold a current Senior First Aid Certificate Name of Provider of Certificate: Certificate Number: Valid to (date):
<input type="checkbox"/>	I have current Professional Indemnity and Public Liability Insurance 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: Clinic 2: Clinic 3:

Declaration and Agreement

I hereby apply for Registered Professional Membership of the Australian Society of Clinical Hypnotherapists (ASCH).

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 the form to admin@asch.com.au or mail it to ASCH, PO Box A127, Sydney South NSW 1235.