The Australian Society of Clinical Hypnotherapists

Health Fund Registration

TO BE COMPLETED BY REGISTERED PROFESSIONAL MEMBERS ONLY

Personal details

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

Please complete declaration and supply supporting documents:

☐	I have completed a minimum of 150 hours of clinical practice over the past 12 months.
☐	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, as listed in my **OPD card** attached. This has included (check applicable boxes): ☐ Attendance at Workshops/Seminars/Webinars/Conferences ☐ Home study/course with videos and/or reading material ☐ Internet research ☐ Other research
☐	I have completed the required 12 hours of supervision over the past 12 months, as listed in my **OPD card**. ☐ With a supervisor accredited by the ASCH ☐ With peer and/or-group supervision ☐ A combination of the above Name of supervisor:
☐	I hold a current Senior First Aid Certificate Name of Provider of Certificate: Certificate Number: Valid to (date):
☐	I have current Professional Indemnity and Public Liability Insurance Insurance Company: Insurance Policy No: Valid to (date):
☐	I hold a current Working With Children certificate Valid to (date):
☐	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.

I will display the Code of Conduct rules in my clinic as required by State law for unregistered health care workers. I understand that I, as a member, must obtain a copy of the code of conduct from the State or Territory 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.