APPLICATION FOR MEMBERSHIP OF THE ASCH

A Non-Profit Organisation
ABN 63 001 336 947
PO Box A127
Sydney South NSW 1235
Phone:1300 85 1176
www.asch.com.au

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

Australian Society of Clinical Hypnotherapists
Change.Grow.Succeed.

Hypnotherapy students, if you are studying at an approved school (see https://www.asch.com.au/approved-courses/) please complete and submit the Application for Student Membership of the ASCH at https://www.asch.com.au/student-membership-application/

How to complete this form

1. Complete the form and save it.
2. *EITHER* email the completed form and copies of certificates/diplomas to admin@asch.com.au (preferred)
   OR mail them to:
   The Registrar
   The Australian Society of Clinical Hypnotherapists
   P O Box A127
   Sydney South NSW 1235

Which level of membership are you applying for?

Check ☑ the level of membership you require.

- **Registered Professional** (please also download and submit the *Health Fund Registration* form located at https://www.asch.com.au/health-fund-registration/)..... ☐
- **Professional** ..... ☐
- **Intern Professional** ..... ☐
- **Senior Associate**..... ☐
- **Associate**..... ☐
- **Emeritus**..... ☐
- **Unsponsored student**..... ☐

Our administrator will contact you upon receipt of this form and accompanying documentation.

Personal details

Title: _____ Given name: _____

Family name: _____ Date of birth: _____

Home Address _____

Suburb & State _____ Post code: _____

Phone (home): _____ Phone (work): _____

Mobile: _____

Website: _____

Email: _____

How would you like to receive renewal notices? ☐ by email ☐ by post

Relevant education and qualifications

Please submit copies of relevant certificates/diplomas plus transcripts with this application.

Institution	Qualification	Year	Document attached? (Yes/No)

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 for membership the Australian Society of Clinical Hypnotherapists (ASCH). If I am accepted, 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 (see https://asch.com.au/wp-content/uploads/2016/10/asch-code-2.pdf)
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: _____