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## MEMBERSHIP APPLICATION & RENEWAL FORM for PROFESSIONAL CLINICAL HYPNOTHERAPISTS

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The  
Australian Association Of Clinical Hypnotherapy & Psychotherapy Inc.  
is a not-for-profit professional organisation whose mission is:

- ☛ To promote and represent Clinical Hypnotherapy as a compassionate, safe and beneficial mode of therapy
  - ☛ To provide Members with high standards of conduct and best practice
  - ☛ To offer Members continuing professional development in the therapeutic and ethical use of Clinical Hypnotherapy and Psychotherapy
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### Filling out your form

For more information  
and to read the AACHP Inc.  
Code of Ethics  
Please visit the AACHP Inc. website:  
[www.aachp.com](http://www.aachp.com)

- ☛ *Please return original completed form and attach copies of additional documentation from the Attached Evidence Check List with your cheque to:*

the Treasurer, Mr. John Coates CHt, ND,  
PO Box 504  
Bentleigh VIC 3204

- ☛ *If you require extra space please attach a separate sheet*

- ☛ *Please remember to initial each page*

*\* It is important that you inform AACHP Inc. immediately of any change to your email details as this is the primary medium whereby you will receive confirmation of meeting dates, newsletters and other information pertaining to your membership.*

**Application for Membership / Renewal**

July 1st 20\_\_\_\_ June 30th 20 \_\_\_\_

*If you are renewing your Membership please fill out any contact details you would like to change*

**1. Personal Details:**

*Please tick* ✓

Miss:  Mrs:  Ms:  Mr:  Dr:  Other title\_\_\_\_\_

*Please print*

Given Names:\_\_\_\_\_

Surname:\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State:\_\_\_\_\_ Post Code:\_\_\_\_\_

Phone: H ( \_\_ \_\_ ) \_\_\_\_\_ W ( \_\_ \_\_ ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Web site address: http://.\_\_\_\_\_

Languages other than English spoken fluently?\_\_\_\_\_

Business-Company name: \_\_\_\_\_

ABN (Optional):\_\_\_\_\_

Address of Business if different from above:\_\_\_\_\_

\_\_\_\_\_

Suburb:\_\_\_\_\_ State:\_\_\_\_\_ Post Code:\_\_\_\_\_

**2. Professional Details:**

Year graduated: \_\_\_\_\_

Is this your 1st year of professional practice?: *Please tick* ✓ Yes  No

Additional modalities practiced: \_\_\_\_\_

\_\_\_\_\_

# Australian Association Of Clinical Hypnotherapy & Psychotherapy Inc.

 **Details to be completed by New Members**

 **Current Members please list any new qualifications**

## List Qualifications

1. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

2. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

3. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

4. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

**Please identify the accreditation recognition that your qualifications are eligible for:**

Cert Level: IV \_\_\_\_\_ Diploma Level: \_\_\_\_\_ Adv. Dip: \_\_\_\_\_

## Other Professional Memberships (Please enter details)

1. \_\_\_\_\_ Year joined: \_\_\_\_\_

2. \_\_\_\_\_ Year joined: \_\_\_\_\_

3. \_\_\_\_\_ Year joined: \_\_\_\_\_

 **New Members please include**

### Referee 1

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

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Referee 2

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

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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# Australian Association Of Clinical Hypnotherapy & Psychotherapy Inc.

## 3. Membership level requested:

 *Please tick the level of AACHP Inc. Membership requested*

Full Practising Member	✓
Student Member / Non - Practising	

 *As of the first of July 2008 AACHP Inc. requires all Practising Members to hold the following current documents:*

-  **Police check**
-  **Working with Children Check** (if you work with children)
-  **Level 2 First Aid certificate**


Members will be given grace until the first of September to be up to date with the above documents. Any member failing to meet the above criteria for Full Practising Member after the first of September will have their Membership status become that of a Non Practising Member.

No membership fees will be refunded at this time as it is believed to be understood that by paying the fee for Full Practising Membership you have made the commitment and agreed to acquire the required documents.'

 *Students and Non-Practising Members please go to the next section - 4. Professional Conduct*

**Insurance Policy** - Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Level 2 First Aid** - Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

 *AACHP Inc. is a member organisation of the Council of Clinical Hypnotherapists . As such, if you are a current member of the CCH you will have already completed a Police Check and will not be required to submit this document to AACHP Inc.*

*If this applies to you please write your CCH Membership number here \_\_\_\_\_*

*Please tick* ✓

**Police Check** - Yes  No

Copy of Certificate Enclosed Yes  No

I currently work with children Yes  No

**Current Working with Children Check** - Yes  No

Copy of Certificate Enclosed Yes  No

**4. Professional Conduct :**

☛ *A “yes” answer to any of the following will not necessarily preclude you from Registration / Membership.*

☛ *If you answer “no” to any of the following and it is found at a later date you have misled AACHP Inc. you will be De-Registered immediately.*

✓ *Please tick either yes or no to each question to indicate your situation.*

**4.1:** Are there any complaints of professional misconduct currently under investigation in relation to your current or past work?

Yes  No

**4.2 :** Are you aware of any formal complaints of professional misconduct having been made to any professional association or registration board against you at any time?

Yes  No

**4.3 :** Have you ever been refused entry / admission to a professional association or a registration board because of reports of professional misconduct?

Yes  No

**4.4:** Have you ever been dismissed / de-registered or had action brought against you from a Professional body, association or registration board because of a complaint made against you?

Yes  No

**4.5:** Have you ever been convicted of an offense in Australia or overseas?

Yes  No

**4.6** Have you ever been found guilty of any offense without a conviction being recorded in Australia or overseas?

Yes  No

**4.7** Do you have any charges outstanding against you in Australia or overseas

Yes  No

## Australian Association Of Clinical Hypnotherapy & Psychotherapy Inc.

**4.8:** Do you use hypnosis other than for clinical therapeutic purposes e.g. stage shows?

Yes  No

**4.9:** Have you suffered or been treated for any significant illnesses that may detrimentally affect your physical or mental capacity to practice clinical hypnotherapy?

**Including but not limited by:** - Psychiatric or psychological conditions - alcohol or drug dependence problems - stroke or head injuries.

Yes  No

**👉 please provide further information and attach it to your application if you have answered "yes" to any of the above.**

### 5. Acceptance of the AACHP Inc. Code of Ethics:

I \_\_\_\_\_ have read and understood the AACHP Code of Ethics and I agree to abide by the Code of Ethics at all times as a member of the AACHP Inc.

### 6. Declaration:

**6.1:** I acknowledge that the information supplied in this application for membership with the AACHP Inc. is true and correct with the knowledge that a person making a false application will be subject to the disciplinary rules of the Association.

Furthermore, I hereby give consent to the AACHP Inc. to verify the information I have presented in this application.

**6.2:** I agree that should I be applying for registration as a Non-Practising member or a change of category to a Non-Practising member that I will not offer or accept work, regardless of being paid or not, as a clinical hypnotherapist, nor will I give the impression that I am a current Registered Practising Clinical Hypnotherapist.

**6.3:** I agree to receiving email from the AACHP Inc. and I give permission for my name, suburb, business telephone number and email address to be included on the AACHP Inc. website as well as agreeing to keep those details up to date.

Name of Applicant: (Please Print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: (Please Print Name) \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness details (Please print - address, telephone, email):

\_\_\_\_\_



**7. Disclaimer and Indemnity**

**7.1:** I understand and agree that the decision as to whether my Application is approved is at the sole discretion of the Committee of the Australian Association of Clinical Hypnotherapy & Psychotherapy Inc. (hereunder referred to as the Association) and the Association and / or the Committee are not required to communicate or assign any reason to the decision.

**7.2:** I further understand and agree that in the event my application is rejected or approved for a membership category other than that for which I am applying, the Association and / or the Committee are not required to communicate or assign any reason to the decision.

**7.3:** I further agree that if I'm admitted to Membership of the Association, I will sign a copy of the Membership Code of Ethics and that I will abide by such code; acknowledging that if I violate such code then my Membership of the Association will be terminated forthwith.

**7.4:** I further agree that I hold the Association indemnified at all times, for any and all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it arising directly or indirectly from my conduct as a Clinical Hypnotherapist.

**7.5:** I further declare that I am not suffering from any physical, mental or emotional illness or condition that would be detrimental to my practice as a Clinical Hypnotherapist.

Name of Applicant: (Please Print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: (Please Print Name) \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness details (Please print - address, telephone, email):

\_\_\_\_\_  
\_\_\_\_\_



**Attached Evidence Check List**

**Please DO NOT send Originals**

Original documents are not required at this time but may be required for audit purposes.

**Please-Tick**



**X - New Practising Member**

**X - Renewal Practising Member**

**X - Student / Non Practising Member**

**Yes No**

<b>X</b>	Professional Certificate / Diploma		
<b>X</b>	Membership Certificates of Society / Association		
<b>X X</b>	First Aid Level 2		
<b>X X</b>	Insurance Details		
<b>X X</b>	Police Check <i>(see page 4 for exemption)</i>		
<b>X X</b>	Working with children check <i>(if you work with children)</i>		
<b>X X</b>	Membership Cheque - \$50 <b>X</b> Student / Non Practising - \$25		
<b>X X</b>	Medical Report <i>(only if answered YES to question 4.8)</i>		
<b>X X</b>	Practitioner Education Statement <i>(Renewals)</i>		

**Avoid bank delays or returns**

**For All Members:**

**Please make out your cheque to AACHP Inc**  
**and forward the completed form plus other documentation**

to

**The Treasurer, Mr. John Coates CHt,  
 ND, PO Box 504 Bentleigh  
 VIC 3204**

**Or Pay your Membership Renewal by Direct Deposit**  
**You will find details available on the Members Page at [www.aachp.com](http://www.aachp.com)**  
**From the First of July 2008**



## Practitioner Education Statement

A minimum of 20 CPE points derived from activities which enhance the member's knowledge of Clinical Hypnotherapy, Psychotherapy or Counselling is required each membership year and may include:

### **CPE Guide - how to earn your CPE Points**

All day seminar or workshop or conference	10 points
Half day seminar or workshop or conference	5 points
Participation in an AACHP or relevant association CPE Meeting.	1 point per hour
Author or joint author of a relevant refereed publication	20 points
Paid subscription to a relevant publication	2 points per subscription
Publication of an article in a peer reviewed journal	3 points for 1-3 pages 5 points for more than 4 pages
Presentation at a seminar or workshop or conference	5 points per presentation hour
Participation in Professional Supervision	1 point per hour
First Aid Level 2 - Course or Update	5 points
Courses longer than 20 hours in clinical practice or business management for clinic	20 points
Article or Book review written and published in the AACHP inc. Newsletter or similar	3 points

If you have completed what you believe could be relevant education worthy of CPE points which do not appear to fall into the above categories, please contact a member of the AACHP Inc. Committee. (*Contact details on the AACHP Inc. website at [www.aachp.com](http://www.aachp.com) )*

