



Natural Health Practitioners New Zealand

ADDITIONAL MODALITY APPLICATION FORM

Please ensure that you complete all sections of this application form and supply copies of all required documentation.
Incomplete application forms and documentation will not be processed.

First Name: _____ Middle Name: _____ Last Name: _____

Postal Address: _____

Suburb: _____ City: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____ DOB: _____ F/M

Clinic/Business Details

Clinic/Business Name: _____

Street: _____

Suburb: _____ City: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Additional Modality you are applying for: _____

Training Establishment you qualified with: _____

Refer to full List of Modalities in Accompanying Documents and on the Website

Registration Levels *Please tick the level of registration you belong to:*

- Natural Therapies PractitionerCertificate/600 hours
- Advanced Natural Therapies Practitioner..... Diploma/1200 hours
- Natural Medicine PractitionerDegree/Diploma/ 3600 hours

Have you ever been subject to a professional mis-conduct disciplinary process or been disciplined by a professional body?

If yes, you are required to provide relevant information

Yes No

Please read and sign the following:

NHPNZ Privacy Statement

In accordance with the requirements of the Privacy Act 1993, I consent to the use of the information contained in this application by the Natural Health Practitioners of New Zealand Incorporated for any purpose reasonably connected to the furtherance of any one or more of its authorized objectives.

Declaration

I have read the **Code of Ethics** and the **Code of Practice of the Natural Health Practitioners of New Zealand** and agree to abide by the rules therein. Copies of all the required documentation are attached.

The information I have provided is true and correct in every respect.

I agree to undertake the necessary hours on **Continuing Education/Professional Development** relating to my registered modality/modalities annually.

I also undertake to notify the Registrar of any changes to the details submitted with the membership application.

I wish my additional modality to be included in the directory on the website:

YES / NO (please circle your option)

Signature of Applicant: _____ Date: _____

Required Documents (Please tick and submit all of the following with this application)

If the name on this application is different from the name on the documents submitted with it, please provide proof of registered name change i.e. Marriage Certificate, Statutory Declaration of name change.

Copies of your professional qualification – Nationally/Internationally recognised diplomas, degrees and certificates which are relevant to the Additional Modalities that you are eligible to be registered under

Payment or proof of payment (e.g. receipt of online payment)

NHPNZ Fee for Additional Modality

Your annual membership & Insurance will cover you for the modality you are registering and have provided qualifications for.

Amount Payable.
(Please complete)

New Modality Application Fee

\$28.75

\$ _____

GST inclusive

Payment Options:

Tick Appropriate Box

Cheque

Please make **cheque** payable to the **Natural Health Practitioners of New Zealand**

Online banking

If paying by Online Banking:

Bank Account Name: **NHPNZ Inc** Account No **12-3050-0052136-00**

Please use your name as ID and attach receipt of payment to this application

Credit Card

Please email office and we will generate a PayPal request,

a 3.6% surcharge will apply to this payment,

This form (Pages 1 -3) and all required documentation are to be sent to:

Natural Health Practitioners of New Zealand

PO Box 31665, Milford, Auckland 0741 New Zealand

Telephone: 09-414 5501

CHECK LIST (OFFICE ADMINISTRATION USE ONLY – LEAVE BLANK)

Date application received by Office: Registrar:	Application form confirmed as being correctly completed:	Amount received / date:
Date application approved by Registrar:	Date application referred back to Applicant for more information:	Registration Certificate issue date: