



Natural Health Practitioners New Zealand

PRACTITIONER MEMBERSHIP 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: _____ DOB: _____ F/M

Postal Address: _____

Suburb: _____ City: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Clinic/Business Details

Clinic/Business Name: _____

Street: _____

Suburb: _____ City: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

Registration Levels *Please tick the level of registration you are applying for*

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

Modalities you are qualified to practice in: _____

Training Establishments You Qualified with: _____

Clinical/ Practice Information

Do you sell products as part of your practice?
(Oils, lotions, nutritional supplements, aromatherapy products)

Yes No

Identify the setting/s you operate your practice in:

Tick Appropriate box/es

Private practice, clinic or office

Private practice in own home

Other (Please Specify) _____

Recommendations

It is recommended that you:

- Offer a preliminary assessment to identify any contraindications to services
- Obtain a signed disclaimer from clients acknowledging scope of practice, contraindications and possible side effects of services to be provided
- Comply with informed consent within your regular practice at all times

Legal

Have you ever been subject to a professional mis- conduct disciplinary process or been disciplined/refused membership by a professional body/training establishment? (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 authorised objectives.

Declaration

I have read the **Code of Ethics** and the full **Code of Practice** (Articles 1-42) **of the Natural Health Practitioners of New Zealand** and agree to abide by the rules therein. (Copies of these are in the accompanying documents)

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 NHPNZ Registrar of any changes to the details submitted with the membership application.

I wish my contact details to be included in the directory on the website: YES / NO (please circle your option)

If yes, please complete and return the website listing form located on page A6)

Signature of Applicant: _____ Date: _____

Required Documents

Please tick and submit all of the following with this application. You will be contacted should additional information or an interview/assessment be required)

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 qualifications** - Nationally/Internationally recognised Diplomas Degrees and Certificates which are relevant to the Modalities that you are eligible to be registered in
(Refer to the Accompanying Documents for a list of NHPNZ Approved Modalities)
- Background Information** with particular reference to your practicing modalities and Training Establishment (Refer to Accompanying Documents for more information)
- Character References** - 2 required. See below
- Copy of current Level 2 or Comprehensive Workplace First Aid Certificate**
- Police Vetting Check** – (Refer to accompanying documents and complete “Authorisation to Disclose Information” form on Page A4)
- Photocopy of your current Drivers Licence/Passport** - for police vetting purposes
- Application for NHPNZ Insurance** (Appropriate insurance cover is a requirement of all NHPNZ Registered Practitioners see Page A5 of this form)
Or Current Certificate of Insurance from another provider
- Profile Photo** for website listing. Head & Shoulders (min 500px x 500px). Jpeg or png format
- Payment or proof of payment** (e.g. receipt of online transaction – see Page A7 of this form)

NHPNZ Reference Form

 (All Referees to sight whole completed Application Form)

Name of Applicant: _____ Date: _____

Modalities: _____ Registration Level: _____

First Character Referee

Supporting your application for registered membership of NHPNZ – To be completed by Course tutor or Principal of your Training Establishment, or Director/Secretary of your Professional Association:

Name: _____ Position: _____

Name of Training Establishment/Professional Association: _____

Address: _____

Email: _____ Phone: _____

Is your Training Establishment/ Professional Association currently affiliated with the NHPNZ? Yes No

Declaration: I support the above person’s application to become a registered NHPNZ Practitioner in the above category.

Signed: _____ **Date:** _____

Second Character Referee

This must be a professional associate/colleague not a family member

Name: _____ Occupation: _____

Address: _____ Phone: _____

Declaration: I support the above person’s application to become a registered NHPNZ Practitioner in the above category.

Signed: _____ **Date:** _____

**Natural Health Practitioners of New Zealand Incorporated
Authorisation to disclose information**

Exception – section 19(3) (e) Criminal Records (Clean Slate) Act 2004

To be completed by organisation that is to receive the personal information:

I believe that the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 applies to this vetting request – the individual concerned has made an application to act in a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child, young person or more vulnerable member of society,. The role may parallel that of a parent/guardian/caregiver, in the child's or caregiver's home, or sole supervisor in an overnight situation.

The role the applicant will be acting in is that of (please circle):

Caregiver / Foster Parent / Homestay Host Family / Paediatric Nurse / Other (specify): **Registered Practitioner**

I have explained the purpose for the vetting check, and agree that I will discuss the outcome of any Police comments with the applicant.

Signed by Manager/Supervisor _____

Print full name of Manager _____

To be completed by individual authorising release of personal information:

I authorise disclosure to Organisation Name by New Zealand Police of ANY information that may be held by Police, including any interaction I have had with Police in any context (for example, as victim or complainant; family violence incidents) or any information received by Police. I understand that this is not limited to conviction information.

I confirm that I am aware that my full criminal incidents record will be released even if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004 due to the application of the exception in section 19(3) of that Act, as referred to above.

Vetting can only be carried out with the consent of the applicant, as evidenced by the signature and date as follows:

Signed: _____ Date: _____

Name: _____

Surname

First name(s)

Sex _____ (M/F)

Maiden or any other names used

Date of birth: _____ Place of birth: _____

Nationality: _____ NZ Driver licence no.: _____

Full **residential** address: _____

Street name and number

Suburb, City/town

Agency code: N20667

Insurance - for new members applying for NHPNZ Insurance

Application for Natural Health Practitioners of New Zealand Liability Insurance covering:

General Liability
Products Hazard
Employers Indemnity
Statutory Liability
Professional Indemnity

For more information refer to the accompanying documents or the website: www.naturalhealthpractitioners.org.nz

Declaration/History of Personal Liability Insurance

This declaration is required by new Member Applicants seeking Liability Insurance as provided under the Liability Insurance Scheme arranged on behalf of and for the Membership of the Natural Health Practitioners of New Zealand Incorporated.

Have you ever had:

- Any liability insurance or application of insurance declined or cancelled, renewal refused, special conditions imposed; or
- Been the subject of disciplinary proceedings for professional misconduct, including breach of Statutory Law (i.e. Breach of Government Act/s); or had
- Any liability claims made against you arising out of your existing, or previous, practice or modality/ies; or
- Are you currently aware of any claims or circumstances which might result in claims against you arising out of your practice or associated activities?

Yes

No

If answered yes to any of the above please provide details (if additional space is required please complete and sign by way of additional addendum)

Applicants Name: _____

Signature: _____ Date: _____

Natural Health Practitioners of New Zealand

PO Box 31396, Milford, Auckland 0741 Telephone 09 414 5501

Email: info@nhpnz.org Website: www.nhpnz.org

HPNZ Membership Fee Schedule

Your annual membership & Insurance will cover you for all modalities you have listed and provided qualifications for.

Amount Payable
(Please complete)

| | | |
|--|-----------------------|-----------------|
| New Member Application Fee | \$120 | \$ |
| Annual Membership Fee From 1 April to 31 March each year | \$276 | \$ |
| Insurance Cover From 1 April to 31 March each year | \$310.50 | \$ |
| <i>All above fees are GST inclusive</i> | Total Payment: | \$ _____ |

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: **Natural Health Practitioners of NZ 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 Application Form (Pages 1 -6) and all required documentation are to be posted to:

Natural Health Practitioners of New Zealand

PO Box 31396, 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: |