



Natural Health Practitioners
New Zealand

Student Membership Application Pack



Natural Health Practitioners New Zealand

STUDENT APPLICATION FORM

Please ensure that you complete all sections of this application form and supply copies of all required documentation.

First Name: _____ Middle Name: _____

Last Name: _____ DOB: _____ F/M

Postal Address: _____

Suburb: _____ City: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Modality/Modalities you are training in: _____

Proposed length of course: _____

Training Establishment you are training with: _____

Principal /Tutor/Teacher Signature: _____ **Date:** _____

I confirm that this student is enrolled and training in the above modality/ies. I hereby authorise NHPNZ to contact me should any further confirmation or proof of enrolment be required.

NHPNZ Privacy Statement (Please read and sign the following)

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

Signature of Applicant: _____ 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

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

Natural Health Practitioners of New Zealand Liability Insurance covers:

General Liability

Products Hazard

Employers Indemnity

Statutory Liability

Professional Indemnity (*Provision of training services only in the Natural Health profession only*)

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 Student Member Applicants seeking 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: _____

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NHPNZ Student Fee Schedule

Your annual Student membership & Insurance will cover you for the modalities you have listed and are currently training in.

Amount Payable
(Please complete)

New Student Application Fee	\$50	\$
Annual Student Membership Fee From 1 April to 31 March each year	\$50	\$
Insurance Cover From 1 April to 31 March each year, pro rata rates available on request	\$310.50	\$

All above fees are GST inclusive

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

Credit Card Please email office and we will generate a PayPal request,
a 3.6% surcharge will apply to this payment.

Please post this Application Form (Pages 1 -3) 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:	Insurance Certificate issue date:



FAQs FOR STUDENT MEMBERSHIP

Indemnity Insurance cover period runs from 1 April to 31 March each year. If you join part way through the year, the Insurance premium is still due 1 April each year. The Insurance Company does accept pro-rata.

Q. *Do Students need to take out the cover?*

A. Comprehensive NHPNZ endorsed liability insurance cover is available to approved student members providing any client work is directly supervised by a tutor

Q. *I am a Student Member. How do I obtain cover?*

A. As a Student Member, you need to be training with a “recognised training establishment” or Professional Association of the Natural Health Practitioners of New Zealand. Download from the website, and complete a ‘Student Membership Application’ form and send it in to the office of the Natural Health Practitioners of New Zealand with your payment. Your Insurance Certificate, student membership certificate and a tax invoice receipt will be posted to you.

Q. *What business activities am I covered for if insured through NHPNZ?*

A. This is a fully comprehensive insurance cover. Comprehensive Cover includes:

Insuring

General and Products Liability

Legal liability arising out of an occurrence in connection with the Business.

Employers Liability

Legal Liability as a result of any employee of the Insured sustaining personal injury arising out of or in the course of work, which is not covered by the Accident Rehabilitation and Compensation Act 1992.

Statutory Liability

Legal liability for Defence Costs and Penalties, other than criminal or specifically excluded Acts, arising out of an occurrence connected with the business.

Professional Indemnity

Professional Services: Provision of Training Services in the Natural Health Profession.

The cover is for your practice of natural healthcare and training you may provide to others as part of this practice. If you provide training as a main part of your business or you are involved in selling products (other than as an incidental to your practice) you may need additional cover.

Q. I practice in more than one modality. Does my NHPNZ insurance cover all modalities?

A. As long as you have registered all your modalities, chosen to be insured through NHPNZ and signed the “DECLARATION/HISTORY of PERSONAL LIABILITY INSURANCE” form and paid the required premium you are covered for all of those modalities.

Q. How much cover is provided per member?

A.

General Liability	\$2,000,000	each occurrence
Products Hazard	\$2,000,000	in the aggregate
Employers Indemnity	\$500,000	in the aggregate
Statutory Liability	\$500,000	in the aggregate
Professional Indemnity (<i>Provision of training services only in the Natural Health profession only</i>)	\$500,000	Any one claim and in the aggregate

Q. What if I require a higher Public Liability limit?

A. Please contact the Natural Health Practitioners of New Zealand office to arrange.

Q. When does cover start?

A. Cover starts as soon as the office of the Natural Health Practitioners of New Zealand receives your payment.

Q. How long does the cover run?

A. The Natural Health Practitioners of New Zealand insurance cover runs for 12 months from 1 April to 31 March of the following year. Your Student Membership will need to be renewed annually during your training period.

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Q. Do I have to pay anything towards the cost of a claim?

\$1,000 per claim, except \$500 for Public Liability, including costs and expenses

Q. Do I get a policy document?

A. No. To reduce administration, which can be a large part of the insurance cost, you will only be given a Certificate of Insurance. A copy of the full policy is available for inspection from the office of the Natural Health Practitioners of New Zealand.

Q. Who is the NHPNZ insurer?

A. The insurance is provided by AIG and is arranged by Rothbury Insurance Brokers North Shore, the insurance adviser to the Natural Health Practitioners of New Zealand. Our Broker, John Barnfeild, has considerable experience in arranging covers of this type and has access to a panel of specialist legal advisers to assist you with claims.

Q. What do I do in the event of a claim or complaint?

A.

1. Any claim or incident that may lead to a claim must be notified to NHPNZ or John Barnfield at Rothbury Insurance Brokers immediately. A 'claim' would include receiving any written or verbal demand, any writ, summons, application or other legal or arbitral proceedings, cross claim and counter claim alleging any breach of professional duty.

2. Your current policy also requires you to advise the Insurer as soon as practicable of any circumstances of which you become aware during the policy period which would give rise to a claim. We therefore recommend an overly cautious approach to notify such situations.

3. When notifying any matter to any of the parties detailed above and overleaf, please ensure that the following information is provided (as a minimum) name of the claimant; nature of the claim; when and how did you first become aware of this complaint; copies of all correspondence relating to the claim.

Key Conditions

4. DO NOT at any time attempt to respond to a claim without the prior consent of the NHPNZ or your Insurance Broker. To do so could prejudice your right to cover under the Policy.

5. DO NOT appoint Legal Council or incur Legal Costs without reference to and prior consent from the NHPNZ or your Insurance Broker.

6. DO NOT admit liability at any time in any circumstance.

7. NEVER make any reference to the existence of an Insurance Policy to any potential claimant, as this may indicate access to 'unlimited monetary resources' and may result in the claimant never giving up on their claim.

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