Natural Health Practitioners New Zealand

PRACTITIONER MEMBERSHIP APPLICATION FORM

Joining through an NHPNZ Professional Association

Practitioner to Complete

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: _____

Profile Photo – Head & Shoulders (max 2MB) Please provide a jpeg or png format

Full Name of the Professional Association sponsoring your application:

_____

Professional Qualifications:

_____

_____

Modalities you are qualified to practice in: _____

_____

_____

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 Practitioner ..... Degree/Diploma/ 3600 hours

Training Establishments You Qualified with: _____

_____

_____

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

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**.**

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

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: _____

Insurance - for new members applying for NHPNZ Insurance

Natural Health Practitioners of New Zealand Liability Insurance covering:

General Liability
Products Hazard
Employers Indemnity
Statutory Liability
Professional Indemity

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

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: _____

NHPNZ Membership Fee Schedule for Members of a Professional Association

If applying part way through the year please contact the office for the pro-rata payment amount.

Your annual membership & Insurance will cover you for all modalities you have listed and provided qualifications for.		**Amount Payable** (Please complete)
Annual Membership Fee From 1 April to 31 March each year	**$276**	**$**
Insurance Cover From 1 April to 31 March each year	**$327.75**	**$**
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 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.

Secretary of Accrediting Professional Association to complete the following

Name of Applicant: _____

I hereby certify that the above names applicant has attained the minimum standards and has the necessary professional qualifications required by our Professional Association for registering as a member of the Natural Health Practitioners NZ Inc. I declare the applicant is a financial member of our Association.

Please find copies of professional qualification and their current Accreditation certificate attached

Name of Accrediting Professional Association: _____

Name of Secretary: _____

Signature of Secretary: _____

Dated: _____

Checklist

- Form Completed ❑
- Practicing Certificate ❑
- Professional Qualifications ❑
- Payment/Receipt Attached ❑
- Signed by Applicant ❑
- Signed by Secretary ❑
- Profile Photo (emailed) ❑

This Application Form 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