



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: _____

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:

Professional Indemnity
Public Liability
Employers Liability
Statutory Liability
Employment Disputes Liability

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: _____

Natural Health Practitioners of New Zealand

PO Box 31396, Milford, Auckland 0741

Telephone 09 414 5501 Email: info@nhpnz.org Website: www.nhpnz.org

NHPNZ Student Fee Schedule

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

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	\$327.75	\$
<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.

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 not 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.

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:

Professional Indemnity/Medical Malpractice:

Designed to indemnify you, personally, for claims made against you by a third party alleging an (negligent) act, error or omission in the course of your normal business or practice which has caused them to suffer an alleged financial loss.

Public Liability:

Provides indemnify you and/or your business in respect of your personal legal liability for compensation as a result of damage to property or bodily injury arising out of your business or practice.

Employers Liability:

Protects you as an employer from loss resulting from claims made against you by employees suffering personal injury in the workplace, which are not covered by ACC.

Statutory Liability:

Provides indemnity in respect of defence costs and penalties (fines) in defending claims alleging unintentional breaches of specified New Zealand statutes. These include Resource Management Act, Building Act, Fair Trading Act, Privacy Act, Consumers Guarantees Act, and many more Acts of Parliament

Employment Disputes Liability:

Provides indemnity for your personal liability where an employee takes a personal grievance action against you. These may include costs you are legally obligated to pay an employee, i.e. damages, judgments, settlements & defence costs.

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. **Professional Indemnity – Medical Malpractice:**

\$500,000 any one claim and in the annual aggregate

Broadform Public Liability:

\$1,000,000 any one occurrence and aggregate for Products Liability

Employers Liability:

\$500,000 any one claim and in the annual aggregate

(i.e. allocated split of up to \$200,000 Defence Costs & up to \$300,000 Damages)

Statutory Liability:

\$500,000 any one claim and in the annual aggregate

Employment Disputes Liability:

\$500,000 any one claim and in the annual 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. If my cover runs for less than a year is the cost reduced?

A. No. This is because the insurance protects you for all work you have done in the past (provided you are not already aware of a problem) not just for work done after the insurance commences.

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 at the office of the Natural Health Practitioners of New Zealand.

Q. Who is the NHPNZ insurer?

A. The insurance is provided by QBE Insurance Ltd and is arranged by The Insurance Brokers, the insurance adviser to the Natural Health Practitioners of New Zealand. Our Broker, Lesley Scher, 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. Immediately contact the Natural Health Practitioners of New Zealand Inc Office. They will assist you with the procedures to follow and the formally send notification to insurers.

It is important you do not admit liability.

Do not enter into correspondence or discussion with the claimant without the insurers consent and input.

Do not incur any costs without prior written approval of the Insurers.

Do not offer to settle the claim or pay compensation with the prior written approval of the insurers.

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