Natural Health Practitioners New Zealand

PRACTITIONER MEMBERSHIP APPLICATION FORM

Joining through direct registration

First Name:_____Middle Name: _____

Last Name: _____ DOB: _____

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

Modalities you are qualified to practice in: _____

_____

_____

_____

Training Establishments you qualified with: _____

_____

This Application Form and all required documentation are to be sent to:

Natural Health Practitioners of New Zealand
PO Box 31396, Milford, Auckland 0741 New Zealand
Telephone: 09-414 5501
Email: info@nhpnz.org

Clinical/ Practice Information

Do you sell products as part of your practice? ❑Yes ❑ No
(Oils, lotions, nutritional supplements, aromatherapy products)

Identify the setting/s you operate your practice in: Tick Appropriate box/es

Private practice, clinic or office ❑

Private practice in own home ❑

On site (company or clients home) ❑

Other (Please Specify) _____

Recommendations

It is strongly recommended that you:

- Carry out a preliminary assessment to identify any contraindications to services
- Obtain a signed disclaimer from clients acknowledging scope of practice, contraindications and any possible side effects of services to be provided
- Comply with clients informed consent and always stay within your scope of practice.

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 **Code of Practice of the Natural Health Practitioners of New Zealand** and agree to abide by the rules therein. (Copies of these are in the accompanying documents)

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 agree that the NHPNZ has the right to require me to complete the police vetting procedure and that this may be required at any time during my membership.

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

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

Signature of Applicant:_____ Date: _____

NHPNZ Membership Fee Schedule for Members via direct registration

Payment: You will be issued with an invoice once your application has been accepted. this will be on a pro-rata basis. Membership is from 1 April to 31 March each year.

The current annual fees (Inc GST) are:

New membership Application Fee	$ 120.00	onetime only payment
Annual Membership Fee	$ 276.00	
Insurance cover	$ 357.65	
	$ 753.65	Cost for first full year

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?

- A professional mis- conduct disciplinary process or been disciplined/refused membership by a professional body/training establishment?

❑ 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: _____

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.

- ❑ **Completed and signed application form**
- ❑ **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)
- ❑ **Character References** - 2 required. See below
- ❑ **Copy of current Level 2 or Comprehensive Workplace First Aid Certificate**
- ❑ **Photocopy of your current Drivers Licence or Passport**
- ❑ **Photo** (for inclusions in the website directory – Head & shoulders (max 2MB) in jpeg or png format)

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: _____