

Australian Association of Clinical Hypnotherapy & Psychotherapy Inc.



**Application for New and Renewing Memberships**

**Membership period: September 1<sup>st</sup> 2009 to August 31<sup>st</sup> 2010**

**☛ ALL MEMBERS (NEW APPLICANTS AND RENEWING MEMBERS)**

**The subscription fee for 2009 has remained at AU \$50. All renewal documentation must be received by 31st August if you wish to retain your current level of membership.**

*If you are renewing your Membership please fill out any contact details you would like to change*

**1. Personal Details:**

*Please tick* I am a former  current  new  member

*Please tick* Miss:  Mrs:  Ms:  Mr:  Dr:  Other title \_\_\_\_\_

*Please print*

Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Main Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: H ( \_\_\_\_ ) \_\_\_\_\_ W ( \_\_\_\_ ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Web site address: http://. \_\_\_\_\_

Languages other than English spoken fluently? \_\_\_\_\_

Business-Company name: \_\_\_\_\_

Address of Business if different from above: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

[www.aachp.com](http://www.aachp.com)



[aachp.inc@gmail.com](mailto:aachp.inc@gmail.com)

## 2. Professional Details:

I am applying for Associate  Certified  Professional Clinical  membership

**Students and non-practising applicants applying for ASSOCIATE MEMBERSHIP, go to section 4.**

**If you are applying for PRACTISING MEMBERSHIP, please COMPLETE ALL SECTIONS.**

Year graduated: \_\_\_\_\_

I have been practising professionally for two years or more: *Please tick* Yes  No

Additional modalities practiced: \_\_\_\_\_

 *Details to be completed by New Members*

 *Current Members please list any new qualifications*

### List Qualifications relevant to the Membership Criteria

1. Qualification: \_\_\_\_\_ Issued \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

2. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

3. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

4. Qualification: \_\_\_\_\_ Issued: \_\_\_\_\_

Qualification issued by: \_\_\_\_\_

### Other relevant Professional Memberships (Please enter details)

1. \_\_\_\_\_ Year joined: \_\_\_\_\_

2. \_\_\_\_\_ Year joined: \_\_\_\_\_

3. \_\_\_\_\_ Year joined: \_\_\_\_\_

4. \_\_\_\_\_ Year joined: \_\_\_\_\_

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### 3. Membership Requirements:

Details	Expiry Date <i>Write Date</i>	Enclosed Copy Supplied <i>Please tick</i>	Yes/Correct <i>Tick</i>	No/Incorrect <i>Tick</i>
I have adequate professional indemnity insurance				
I have a current First Aid Level 2 Certificate				
I have a current Working with Children Check <i>(important if you work with children under 18 years)</i>				
I have accrued at least 20 CPE points during 2008/09				
I am not aware of any formal complaints of professional misconduct ever having been made to any professional association or registration board against me				
There are no complaints of professional misconduct currently under investigation in relation to my current/past work				
I have not been found guilty of any offence in Australia or overseas				
I have never been refused admission to a professional association or registration board				
All documentation pertinent to my compliance with AACHP membership criteria can be made available on request.				
AACHP has been advised of any changes to my contact details				
I enclose a cheque made payable to the Australian Association of Clinical Hypnotherapy & Psychotherapy (AACHP) or have made direct bank payment with this application.				

**COPIES of ALL DOCUMENTS must accompany your application or there may be a time lapse in your membership status and you may be charged an additional administration fee**

** All Practising Members must provide a police check**

**Police Check:** Copy of Certificate Enclosed      Yes  No       Date Issued: \_\_\_\_\_

Previously Submitted Certificate      Yes  No

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**4. References & Signed Declaration** 🖱️ *New Members please include*

**Referee 1**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

🖱️ ***Please DO NOT send Originals BUT remember to enclose COPIES of ALL DOCUMENTS***

Original documents are not required at this time but may be required for audit purposes

🖱️ ***For All Members***

*Please make out your cheque to AACHP Inc*

*and forward the completed form plus other documentation to:*

**The Treasurer, Mr. John Coates CHt, ND, PO Box 504 Bentleigh, VIC 3204**

**· Or Pay your Membership Renewal by Direct Deposit**

**Name: A.A.C.H.P.inc Bank: Commonwealth BSB: 063 535 Account: 1022 9896**

**Please provide your first initial followed by your surname as the description, to ensure we have recorded your payment.**

*For more details about filling out this form please visit our website at [www.aachp.com](http://www.aachp.com)*

**Member Declaration**

I understand and agree that the decision as to whether this renewal application is approved is at the sole discretion of the AACHP Committee and that the latter is not required to communicate or assign any reason to the decision. I affirm that all the details given here are accurate to the best of my knowledge and I agree that I am fully accountable for my ongoing adherence to AACHP membership criteria. I understand that giving false information may result in disciplinary action.

I give permission for the information provided on this application form to be disclosed to relevant third parties such as Private Health Insurance Providers and for my name, suburb, website and professional contact details to be included on the AACHP website.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Australian Association of Clinical Hypnotherapy & Psychotherapy Inc.



## Membership Categories & Criteria: Minimum Standards of Clinical Hypnotherapy Education

Applications for membership to the AACHP are welcomed from graduates and students of Certificate IV and Diploma courses which have been accredited by the appropriate state education and vocational authority and meet Nationally Recognised Training standards or alternatively of professional training courses that meet the AACHP minimum standards as outlined below.

### PRACTISING MEMBERSHIP

**Certified Membership** is offered to applicants who are of good character and are able to provide verifiable evidence of successful completion of the equivalent of at least 400 hours of training comprising theory and practice of the clinical applications of hypnosis and hypnotherapy via classroom teaching, self study, written assignments, case studies, practical and written tests and supervised practice and which covers but may not be limited to the following core components:

- The history, principles and development of hypnosis & clinical hypnotherapy
- The main theories of psychology e.g. psychodynamic, humanistic, cognitive and behavioural
- Concepts of and factors in health, effective functioning and well-being
- Interview & Assessment techniques
- Communication & Counselling techniques
- Clinical hypnotherapy intervention methods & techniques
- Contraindications
- Principles of professional and ethical practice management

Certified members who have been in practice for a minimum of two years and meet all the criteria for practising membership of the AACHP may apply for **Professional Clinical Membership**.

**Recognition of Prior Learning** may be granted in cases where an applicant's formal training may fall short of the criteria as outlined above and/or the credentials of the applicant's training provider cannot be adequately verified. In addition to completing the membership application forms and providing all relevant documents pertaining to their education in clinical hypnotherapy, an individual's application for membership which includes a request for RPL may be assessed in one or more of the following additional ways: professional references, detailed case studies and written and practical tests. This thorough process ensures the professional integrity of both the applicant and the AACHP.

### NON-PRACTISING MEMBERSHIP

**Associate Membership** is available to applicants who are of good character, who are engaged in the study of clinical hypnotherapy or who wish to avail themselves of the benefits of non-practising membership of the Australian Association of Clinical Hypnotherapy & Psychotherapy.

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