



If you are renewing your membership fill out any contact details you would like changed.

## Personal Details

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

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

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Main contact Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

**\* It is important that you inform AACHP immediately of any change to your email details as this is the primary medium whereby you will receive confirmation of meeting dates, newsletters and other information pertaining to your membership.**

**What type of membership will you be applying for? (Please tick)**

Full Professional Member

Student Member

## Australian Association of Clinical Hypnotherapy & Psychotherapy Inc

**\*Qualifications (Please supply signed copies of certificates obtained)**

\* Qualification details to be completed by New Members and ALL MEMBERS to sign the declaration below

Hypnotherapy	Institution of study	Year Completed
<b>Other Professional Qualifications</b>		
<b>Other Professional Memberships</b>		

I \_\_\_\_\_ have read and understand the Constitution as well as the Code of Ethics. I agree to abide by the Code of Ethics at all times as a member of the AACHP Inc. and I give my permission for my name, suburb, business telephone number and email address to be included on the AACHP website (*please tick the relevant box*)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form and the following:

- For New Members: Signed copies of qualification certificates
- For All Members: Signed leaflet proving attendance for Practitioner Education
- For All Members: Please make out cheque of \$50.00 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

# Australian Association of Clinical Hypnotherapy & Psychotherapy Inc



## Practitioner Education Statement

A minimum of 20 CPE points derived from activities which enhance the member's knowledge of Clinical Hypnotherapy, Psychotherapy or Counselling is required each membership year and may include:

All day seminar or workshop or conference	10 points
Half day seminar or workshop or conference	5 points
Participation in an AACHP General Meeting	1 point per hour
Author or joint author of a relevant refereed publication	20 points
Paid subscription to a relevant publication	2 points per subscription
Publication of an article in a peer reviewed journal	3 points for 1-3 pages 5 points for more than 4 pages
Presentation at a seminar or workshop or conference	5 points per presentation hour
Participation in Professional Supervision	1 point per hour
First Aid Level II course or update	2 points
Courses longer than 20 hours in clinical practice or business management for clinic	20 points

Date	Description of CPE Activity	Points	Signature

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

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