



Australian Association of Clinical Hypnotherapy & Psychotherapy Inc

Membership Application & Renewal Form

July 1st 2019 to June 30th 2020

Minimum Standards of Clinical Hypnotherapy Education

Applications for membership to the AACHP are welcomed from graduates and students of 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.

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 600 nominal hours of education and 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.

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.

Please read through & follow all instructions carefully

Please supply all necessary documentation -*Failure to do so will result in a downgraded membership:*

- *You will NOT be recognised as a practicing member*
- *You will NOT be eligible for private health fund benefit*
- *You will NOT receive your certificate*
- *You will incur an additional administration fee of \$20*

1. Personal/Business Details:

Member Type: Current New Former

Given Names: _____

Surname: _____

Date of Birth: _____

Mailing Address _____ P/Code _____

Phone: : **Home:** _____ **Work:** _____

Mobile: _____

Email _____

Web site address: _____

Languages other than English spoken fluently?

Business/Company name: _____

Business Addresses:

(a) _____ P/Code _____

(b) _____ P/Code _____

(c) _____ P/Code _____

2. Professional Details:

Category of Membership being applied for:

- Associate:** I am applying for Associate membership because:
- I am a student of clinical hypnotherapy at (name of training organisation)
- _____
- I am no longer practising clinical hypnotherapy
- I am a qualified practitioner in a related profession with an interest in clinical hypnotherapy

- Certified &**
- Professional Clinical**

New practising memberships must be accompanied by a legible copy of your Certificate(s) and/or Diploma(s)

Date graduated: _____

Practising professionally for two years or more: Yes No

I am meeting the annual minimum requirement of 5 one on one Supervision sessions with my Supervisor and can verify same if asked to do so. Yes No

Name of Supervisor: _____

Contact Telephone No: _____

Association: _____

3. References: *(New Members Only)*

Where did you hear about the AACHP? _____

Referee 1: Name: _____
 Position: _____
 Organisation: _____
 Telephone: (____) _____
 Email Address: _____

Referee 2: Name: _____
 Position: _____
 Organisation: _____
 Telephone: (____) _____
 Email Address: _____

4. Documents Required for Practising Membership *(not required for Associate Membership)*

Police Check Yes No


First Aid Level 2 Yes No

Professional Indemnity Insurance Yes No
(You must supply a tax invoice with an official receipt or alternatively a Certificate of Currency)

Working with children Check Yes No
(if you work with children under 18 years, and it is applicable to your State, ie: VIC, NSW etc)

Continuing Professional Education
 (Retain record for audit purposes)
 Completion of CPE for 2018/2019 *(minimum 20 points required)* Yes No

Supervision Log Yes No

 Kindly attach **copies** of **all** documents you have listed on this page.. Original documents are not required but you may be required to produce the originals in the future, for audit purposes.

Missing or incomplete copies of documents may incur a \$20 reprocessing fee.

5. Membership Payment *(All Applications)*

Please make your cheque payable to **AACHP Inc** or direct deposit is also available

Direct Deposit Details: Payable to: AACHP Inc
 Bank: Commonwealth
 BSB: 063 535
 Acc No. 1022 9896
 Payment Reference: Your surname and initials.

Fees for 2019/2020

Renewing Members: \$120.00 unless applying under earlybird renewal conditions.
 New Members: Pro Rata for Applications received between: Jul-Dec \$120, Jan-June \$60

6. Declaration: (All Applicants)

Applicant Declaration (please tick which applies)

Practising Membership Applicants:

I declare that I have:

- a) current adequate professional indemnity insurance;
- b) a current First Aid Level 2 Certificate;
- c) met the minimum requirements for Supervision and have a minimum of 20 CPE points during 2018/2019 and can provide evidence of same in the event of an audit;
- d) all original documentation pertinent to my compliance with AACHP membership and such documentation, can be produced on request.

Working with Children: (if applicable to your State or Territory)

I work with, or intend to work with, children under the age of 18 years and I have a current Working with Children Check, the original of which can be produced upon request.

All Applicants:

I declare that:-

- a) I am not aware of any formal complaints of professional misconduct ever having been made to any professional association or registration board against me.
- b) There are no complaints of professional misconduct currently under investigation in relation to my current/past work.
- c) I have not been found guilty of any offence in Australia or overseas.
- d) I have never been refused admission, to a professional association or registration board, nor have I had my membership terminated by a professional association or registration board.

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.

I understand that by the typing of my name in the signature box, I am legally signing this document, and certifying the content herein as being true and correct, as if written by my own hand

Signed: _____

Date: _____

If you are not submitting this document by electronic return, kindly sign and date this application in permanent ink.

Please forward by email or send by post, this completed form together with attached copies of all documents you have noted in Section 4 of this application, together with your cheque or direct deposit confirmation to:

aachp.registrar@gmail.com

OR

AACHP Treasurer,
63 Monbulk Road,
Belgrave Vic 3160