



Australian Hypnotherapists' Association

Founded 1949 ABN 20 004 388 872
A Member Association of the Psychotherapy and Counselling Federation of Australia (PACFA)



1800 067 557 / www.ahahypnotherapy.org.au

Application for Clinical Membership

I wish to apply for AHA Clinical Membership and registration with the NHRA.

Surname: _____ First name(s) _____ Title: _____

Address: _____
_____ Post code: _____

Date of birth: _____ Email: _____

Phone (home): _____ Phone (work): _____

Fax: _____ Mobile _____

Website: _____

First Aid Certificate:

Certificate no: _____ Expiry date: _____ Copy encl.

Professional Indemnity Insurer:

Policy Number: _____ Expiry date: _____ Copy encl.

Qualification and Study information

Name of Teaching Institution: _____

Name of course: _____

Address: _____

Phone number: _____ Mobile: _____

Email address: _____

Website: _____

Total number of hours of study (minimum requirement 600 hours. This can include classroom and homework hours but not such things as workshop attendance or private reading etc): _____

Qualification(s) gained: _____ Copy encl.

Additional hypnotherapy courses since completion of initial training: _____ Copy encl.

Any other relevant training (eg. counseling): _____ Copy encl.

Number of Client sessions completed since end of training. _____
(If less than 500 sessions please apply for Professional membership)

Details of your current Supervisor or a member of your peer supervision group:

Name: _____

Address: _____ Post Code: _____

Phone: _____ E-mail: _____

Have you ever been refused acceptance or had any disciplinary action taken against you by any other association? Yes No If 'Yes' please give details on a separate attached sheet.

- I have read and agree to abide by the AHA's Code of Ethics. I agree to hold the AHA indemnified for all judgments and costs awarded against it or incurred by it, as the case may be, in any action against it, arising directly or indirectly from my conduct as a Hypnotherapist.
- I enclose copies of all my qualifications; signed by a JP, a Police Officer or a Pharmacist.
- I enclose a copy of my current First Aid Certificate
- I enclose a copy of my Professional Indemnity insurance
- I enclose letters from 3 referees, one (1) from my Supervisor and two (2) from people who are not related to me and who have known me professionally for at least two (2) years and can attest to my professional capabilities, good fame, reputation and character.
- I enclose my Police Criminal History Record Check: for your state requirements go to this link <http://australia.gov.au/faq/police-criminal-history-records-check>
- Do you intend working with children in your practice? Yes No
If yes, you are required to contact the relevant child protection authorities in your state and obtain any necessary working with children clearances.
- I enclose the prescribed one off non-refundable application fee of \$40.00.
- I understand that the yearly Clinical Membership Registration fee is \$198.00 and is due on the 31st of March each year
- I understand that pro rata registration fees are applicable upon approval of my application.

I declare that the information given by me on this form is correct and that I have not willingly suppressed any facts that may be detrimental to my application, and I give permission for an AHA Executive Member to check any details/documents should they wish to do so.

Signature

Date

Application form and all accompanying documentation **to be sent to your state membership secretary:**

Contact details of your state membership secretary can be found here:

http://ahahypnotherapy.org.au/aha_members_area/

Office use only

Chq no/Cash/Other: _____ Amount: _____ Date: _____

Direct deposit: Direct deposit details copied / emailed?

Receipt No: _____ Membership No: _____



MEMBERSHIP CRITERIA - CLINICAL MEMBER

Criteria for eligibility for "Clinical Membership", the applicant –

- Has the equivalent of 600 hours minimum of formal training consisting of theory, practice and clinical applications of hypnosis and hypnotherapy/NLP including but not restricted to
 - Overview of hypnotic strategies
 - Susceptibility techniques
 - Hypnotic terminology
 - Hypnotic Anaesthesia
 - Dangers of Hypnosis
 - Open & closed eye induction techniques
 - Deepening Techniques
 - The conscious use of language
 - Regression and progression
 - Therapeutic applications
 - Models of Hypnotherapy
 - Minimum of 50 hours of supervised practice in study groups.

* and including but not restricted to:

- Counselling skills - min. 80 hours (with a minimum of 30 hours supervised practical participation in a study group)
- Basic Psychological Process - minimum. 30 hours (can be a distance only course)

* Meaning at least a **total** of 80 hours of practice of hypnotherapy & counselling techniques in supervised study groups.

- Has a minimum of at least 500 client hours of post training practical experience under supervision.
- Provides all the prescribed documentation and/or any other supporting evidence that is required by the Executive. (*It is the applicant's responsibility to verify all information and documentation supplied.*)
- Has undertaken to cover themselves by Professional Indemnity Insurance and agrees to hold the AHA indemnified for all judgements and costs awarded against it or incurred by it as the case **may** be in any action against it arising directly or indirectly from the applicant's conduct as a Hypnotherapist.
- Has obtained and agrees to maintain a current First Aid Certificate. **NB: An invalid Certificate may void Professional Indemnity Insurance, AHA Membership and the ability for your clients to receive a Health Fund Rebate.**
- Has obtained and agrees to maintain a Working With Children Card and / or a clean police record card if a WWC card is not yet available in your state.
- Satisfied the Executive that you are of good reputation and character by providing 3 referees, attesting to your professional capabilities, good fame, reputation and character
 - one (1) from your Supervisor, and
 - two (2) from people who are not related to you and who have known you professionally for at least two (2) years
- Has agreed to undertake a minimum of twenty (20) hours of Continuing Professional Education and Development each year and verified on the AHA Annual Record Card
- Has agreed to undertake a minimum of twelve (12) hours of one-on-one Supervision each year **or** a minimum of 24 hours of Group Supervision **or** a mixture of both Supervision models per year. **NB: A Group Supervision hour equates to 0.5 of a one-on-one Supervision hour.**
- Is currently maintaining, or has access to an adequate professional library
- Has agreed to conduct themselves in all their professional dealings with the public at large within the Code of Ethics of the Association
- Has the capacity to independently identify, plan and implement effective courses of hypnotherapeutic treatment for a range of presenting problems
- Understands when to refer a client to another therapist and knows how to make professional referrals
- Has demonstrated with the below stated criteria to the AHA's examiners, that they have attained at least the relevant minimum standards of competency and proficiency
 - Oral interview,
 - Written examination
 - Practical demonstration
 - Two written case studies explaining a
 - Successful case and why
 - Case that you would do differently and why
- If a country applicant is unable to attend the interview with the AHA Examiners, the Membership Secretary in your state can discuss alternative arrangements
- The application is accompanied by the non-refundable application fee of **\$40.00**.
 - The yearly Clinical Membership Registration fee is **\$198.00** and is due 1st of April each year
 - Pro-rata registration fees are applicable upon approval of your application.