



**Professional Clinical Hypnotherapists
Of Australia Incorporated**
 ABN 41667141816
 Reply to: Michael Haber
 Membership Secretary
 15 Cedar Terrace Woonona
 NSW 2517

Application for Membership

Last Name: _____ Other Names _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Date of Birth: _____

2. Studies in Hypnotherapy

Course Name	Institution Attended	Years	Qualifications Gained	Course Hours	Private Study Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If insufficient space, please attach details on a separate sheet
 Please attach a certified copy of each qualification and any other documents that support the above qualifications

8. Current Financial Membership of Other Professional Organisations

Association	Membership Classification	Date Admitted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach copies of receipts and supporting documentation indicating current membership.

9. Language/s Other than English

Please specify any language/s, other than English, in which you believe you are competent to conduct hypnotherapy.

10. Additional Information

Please add any additional information that you may wish to add in support of your application:

11. Declaration

Have you had any criminal and civil procedures against you, past present or anticipated?

Yes No

If yes, please provide details.

12. Application

I declare that information provided is accurate in every way and shall indemnify the Professional Clinical Hypnotherapists of Australia Inc. for any of my actions.

To the Management Committee of the Professional Clinical Hypnotherapists of Australia Incorporated

I, _____ apply for membership of
Applicant's full name

The Professional Clinical Hypnotherapists of Australia Incorporated in the membership category of

Professional Member Member Trainee Member

I understand and agree that the decision as to whether my application is approved is at the sole discretion of the management committee of the Professional Clinical Hypnotherapists of Australia Incorporated (hereunder referred to as the association).

I further understand and agree that in the event my application is rejected or approved for a membership category other than that for which I am applying, the association and/or the membership committee are not required to communicate or assign any reason to the decision.

I further agree that if I am admitted to membership of the association, I will sign a copy of the Membership Code of Ethics and that I will abide by such code; acknowledging that if I violate such code then my membership of the association may be terminated forthwith.

I further agree that I hold the association indemnified at all times, for any and 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 understand and agree that a further condition of my continued eligibility for membership of the association is that I complete the required annual hours of professional development and supervision which are seen as enhancing my hypnotherapeutic skills.

Signed: _____

Date: _____

Please return to:

The Membership Secretary

Email: michael@HealthyHypnosis.com.au

PCHA Membership Secretary

15 Cedar Terrace Woonona

NSW 2517

ELIGIBILITY CRITERIA for PROFESSIONAL MEMBERSHIP PROFESSIONAL CLINICAL HYPNOTHERAPISTS ASSOCIATION of AUSTRALIA Inc

Checklist for attachments (as per membership criteria).

All documentation supporting hypnotherapeutic qualifications.

1. Approval of Diplomas/Certificates in hypnotherapeutic studies details. Applicant must provide photocopies of original documents. Photocopies of course curricula may also be requested.

2. All documentation supporting hypnotherapeutic qualifications.

3. Not less than 2 years in clinical practice (a minimum of 10 hours per month and certified in the form of a Statutory Declaration).

4. Applicants may be required to appear before a PCHA interview panel that may or may not advise the applicants that additional information and evidence is required before final consideration is given to their acceptance as members of this association.

5. Current First Aid Certificate.

6. Current Working with Children Certificate. Or National Police Check

To become a member of the PCHA it is highly recommended that you have a current Working With Children Certificate relevant to the state you practise in. If you work with anyone under the age of 18, this certificate is mandatory in all states and territories of Australia. This helps to maximise your potential as a therapist to work in all areas of Hypnotherapy. A link to Forms for all states can be found at:

<http://pcha.com.au/membership/membership-forms.html>

If you do not work with children and never intend to work with children, it is a requirement of the PCHA that you have a current National Police Check.

Your possession of either or both of these certificates fulfils our requirements as an association and adds to your credibility as a reliable and responsible therapist.

7. Annual membership is also subject to not less than 20 hours continuing education and 5 hours of supervision per year (3 hours of group supervision and 2 hours as individual supervision).

Note:

Applicants are required to submit a full description and photocopies of insurance, first aid certificate and working with children certificate and all certificates attained including the study hours in the courses attended/material studied with their application for membership. If unable to do so, applicants may be required to sit a formal examination.

Professional Membership is granted of subject to:

The applicant satisfying the eligibility criteria outlined above.

The applicant meeting with the board members of PCHA Inc if required.

The applicant presenting a signed copy of the Code of Ethics of the PCHA Inc.

Membership is granted subject to:

The applicant not meeting the requirement of item 3 above.

The applicant meeting item 1 above as a minimum requirement.

The applicant presenting payment of the annual membership fee.

The applicant presenting a signed copy of the Code of Ethics of the PCHA Inc

The applicant presenting the Working with Children OR National Police Check certificate.

The applicant undergo supervision

Trainee Membership is granted subject to: The applicant presenting name of teaching institution, course name, teaching institution's address and phone number.

THE PCHA Inc BOARD MEMBERS RETAIN THE RIGHT TO DETERMINE FINAL ELIGIBILITY