

MEMBERSHIP APPLICATION FORM

1. Membership Type

(please tick the membership type you are applying for)

- Full Membership – New
- Full Membership – Transfer from Student/Companion Membership
- Student Membership
- Companion Membership

2. Applicant Details (Please print)

Title (Mr/Ms/Mrs/Dr): _____

First Name: _____

Surname: _____

Home Address: _____

Suburb _____

State: _____ Postcode: _____

Postal Address: _____

Suburb _____

State: _____ Postcode: _____

Email: _____

Mobile: _____

Name to appear on Certificate: (Please print clearly)

Office Use Only

Version: May 2010

Accepted: Yes No

IF YES:

Membership number: _____

Payment received: _____

Type of payment: Cheque/Money Order
 Direct Deposit

Date payment banked/ received: . . .

Receipt number: _____

Practitioner directory listing? Yes No

Insurance forms required? Yes No

Date membership package sent: . . .

Date updated on members register: . . .

IF NO:

Date email/letter sent: . . .

Home Tel: _____

Work Tel: _____

3. Certification (Please tick)

Full Members

- I have completed an EHA Accredited Course (see attachment 1)
→ GO TO SECTION 3a
- I have completed Diploma/s and/or Practitioner Level Certificate Course/s in a modality accredited with the EHA (see attachment 2)
→ GO TO SECTION 3b
- I teach courses, workshops, seminars and/or trainings in the Energetic Healing field
→ GO TO SECTION 3c
- I currently practice but do not have Diploma/s) and/or Practitioner Level Certification/s
→ GO TO SECTION 3d

Student Members

- I am in the process of completing an EHA Accredited Course (see attachment 1)
→ GO TO SECTION 3a
- I am in the process of completing Diploma/s and/or Practitioner Level Certificate Course/s in a modality accredited with the EHA (see attachment 2)
→ GO TO SECTION 3b

Companion Members

- I am interested in the field of healing, practicing in a related field or interested in supporting the EHA's vision.
→ GO TO SECTION 4

3a) Please list below your Diploma/s and/or Practitioner Level Certificate Course/s in *courses* accredited with the EHA (see attachment 1) and provide appropriate documentation :

NAME OF ACCREDITED COURSE	NAME OF MODALITY IE THE MODALITY/ MODALITIES THIS TRAINING COVERS – SEE ATTACHMENT 2 FOR A LISTING	YEAR	INSTITUTION/ORGANISATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have also completed other Diploma/s and/or Practitioner Level Certificate Course/s in *modalities* accredited with the EHA (see attachment 2), please list them in 3b.

If you have completed other Diploma/s and/or Practitioner Level Certificate Course/s in *modalities* that are currently not accredited with the EHA, please list them in 3e.

If you are also teaching/ courses, workshops, seminars, trainings etc, please list them in 3c.

3b) Please list below your Diploma/s and/or Practitioner Level Certificate Course/s in *modalities* accredited with the EHA (see attachment 1) and provide the following documentation:

- i) **Full Members** – a photocopy of the Diploma/Certificate AND a Statement of Academic Record (if available).
- ii) **Student Members** – a photocopy of some evidence of enrolment, eg academic transcript or enrolment form.

NAME OF DIPLOMA/ PRACTITIONER CERTIFICATE LEVEL COURSE	NAME OF MODALITY IE THE MODALITY/ MODALITIES THIS TRAINING COVERS – SEE ATTACHMENT 2 FOR A LISTING	YEAR	NO. OF HRS IN COURSE (TOTAL)	NO. OF HRS OF HANDS-ON COMPONENT AND ITS FORM ¹	INSTITUTION/ ORGANISATION/ INDIVIDUAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹ No. of hours in course that comprised of supervised clinic hours and/or a practical 'hands-on' component and by what form this takes i.e. supervised in-class practice, clinic supervised practice on paid clients, case studies.

5. Practitioner Directory (Full Members) *(Please print)*

I would like my details listed on the practitioner directory on the EHA website

Yes No

If yes, please list below the details you would like to appear on our practitioner directory:

Business Name (if applicable): _____

Business Address 1: _____

Suburb: _____ State: _____ Postcode: _____

Business Address 2: _____

Suburb: _____ State: _____ Postcode: _____

Business Email: _____

Business Landline (including area code) (if applicable): _____

Business Mobile (if applicable): _____

Website: _____

Distance Healings:

Mobile Service: Yes No

If yes, what area/s do you cover? _____

Qualifications

Please list your formal qualifications (if any) relating to Energetic and Spiritual Healing, eg Diploma of Energetic Healing. NB: please attach a photocopy of any qualifications listed.

Modalities (mandatory)

Please list your key modalities. (maximum of 5)

About My Practice

Please provide an Introductory paragraph. (maximum 80 words)

Tip: A good idea is to try and capture people's interest, eg "Past-life regression may hold the key to unlock and release your negative patterning occurring in your present circumstance".

Photograph/Business Logo

The EHA would like to make your Practitioner Directory more personal. By supplying your photo or logo you become instantly recognisable. Please email either a photo of yourself or your business logo (jpeg format) to practitionerdirectory@energetichealingassoc.org

Are you currently practicing? Yes No

It is important that all practitioners listed on the directory are currently practising. So please drop us an email via practitionerdirectory@energetichealingassoc.org or give us a ring to let us know if you decide to temporarily suspend your practice so that we can remove you from the practitioner database for that period. It is a simple process to put you back on again when you let us know that you have resumed work.

If you do have a potential client phoning for an appointment whilst your practice is suspended, please refer the client to someone else you know on the practitioner directory, or if you don't know anyone else, refer them to the EHA. We would be pleased to find them a practitioner in their area.

Some potential clients phoning for an appointment may be completely new to energetic and spiritual healing and took great courage to make the phone call so please do ensure you refer them on.

6. Insurance (Full Members) *(Please print)*

- I would like to apply for Combined Liability & Legal Expense Insurance (Professional Indemnity and Public Liability) *(An insurance application form will be forwarded to you with your Membership Package)*
- I currently hold Professional Indemnity and/or Public Liability Insurance. My details are as follows

Name of Insurer: _____

Expiry Date: _____

7. First Aid Certificate

We recommend that practitioners learn first aid as part of their overall duty of care, however, a first aid certificate is not required for membership.

8. Professional Associations (All Applicants) *(Please print)*

List any other Professional Associations of which you are a member, either Full Accredited, Student, Companion or Associate.

9. Notifications from the EHA (All Applicants) *(Please tick)*

I would you like to receive information on EHA events and initiatives

- Yes No

10. Payment (All Applicants) *(Please print)*

(Please select a payment method and refer to Membership Schedule of Fees for amount payable)

- I have enclosed a cheque/money order for \$ _____, made payable to Energetic Healing Association
- I have made a direct deposit of \$ _____, into the EHA cheque account, on this date: ____/____/____ into Westpac BSB: 032298; Acct Number: 303210
(please ensure you input your name or membership number in the transaction description field)

Membership Package - What you will receive from the EHA

- Membership Certificate
- Membership Number
- Receipt for Membership Fees paid
- Insurance Application Form (*where applicable*)
- Information on how to access the following documents from the EHA website:
 - Constitution
 - Members Information Booklet
 - Code of Ethics
 - Code of Practice

Before sending the Membership Application Form, check that you have included the following *(please tick)*

- All required documentation as requested in Section 3a, 3b, 3c or 3d.
- Copy of Insurance Certificate of Currency (if applicable).
- Cheque/Money Order or direct deposit into EHA account.

Send your completed application to

Energetic Healing Association
PO Box 394
CROWS NEST NSW 2065

Declaration

I agree to abide by the rules and standards of the EHA as set out in the EHA's Constitution, Code of Ethics and Code of Practice.

I declare and acknowledge that all information supplied in connection with this application is true and correct.

Signature

Date

Processing your Application

Your application will be processed with love by the EHA's volunteer Management Committee. Please allow for a maximum period of one month to receive your membership package.

Privacy

The EHA respects your privacy and does not share members' information with any third party. All member information will be treated in the strictest confidence. No personal information, including email addresses will be passed onto any other organisation or third party without the members consent.

ENERGETIC HEALING ASSOCIATION INCORPORATED ABN 34 966 364 899
Email: membership@energetichealingassoc.org info@energetichealingassoc.org
Website: www.energetichealingassoc.org
PO Box 394, CROWS NEST NSW 2065 Phone: 0417 204 105

ATTACHMENT 1**Courses accredited with the EHA**

Institution/Organisation	Course Name
Nature Care College	Diploma of Energetic Healing
The Chiara College of Metaphysics	Advanced Diploma of Metaphysical Healing Diploma of Spiritual Healing
Awareness Institute	Diploma of Shamanic and Energetic Healing This course was previously titled: Diploma of Ecopsychology and Soul Centred Healing Diploma of Energetic Healing
Harmony Centre Spiritual Healing Academy	Ignite Your Spirit Therapy
Institute of Energy Science (Queensland)	Diploma of Body-Centred Psychotherapy
The Karyna Centre for Transformation	12 Month Crystal Vibrational Therapy 12 Month Crystal Sound Therapy
Qala Sri'Ama Phoenix	EASE Practitioner Training – Master Healing Channel Level 1
The School of Energy Healing (London)	Diploma in Energy Healing

ATTACHMENT 2

Modalities accredited with the EHA

Note: Further modalities may be added from time to time so please contact us to enquire about modalities not listed here.

Accupoint Therapy	Essences – Flower Essence Therapy	Pranic Healing
Acu-energetics	Essences – Gem Essences	Psych-K
Acupressure	Essences – Shell Essences	Quantum BioEnergetics
Alexander Technique	Feldenkrais	Quantum Touch
Angel Intuitive (Angel Healing)	Feng Shui	Raindrop Technique (non ingestive)
Angel Therapy Practitioner®	Five Tibetan Rites	Rebirthing
Animal Healing	Healing Touch	Reconnective Healing / The Reconnection
Aromatherapy	Heart Energetics	Reflexology
Astrology	Heart Resonance Therapy	Reiki
Attractor Field Therapy	Heller Work	Rekindled Ancient Wisdom
Aura Soma Colour Therapy	Holistic Animal Healing	RESET (Kinergetics)
Bio Energetics Medicine (Bio-freq Spectrum)	Holistic Counselling	Rolfing
Body Psychotherapy	Holographic Repatterning / Resonance Repatterning	Seichem Healing
Body Talk Systems	Ignite your Spirit Therapy	Serenity Neuromeditation
Bowen Therapy/Animal Bowen Therapy	ISIS Healing – Clairvision healing....	Serenity Vibration Healing & Enlightenment
Breathwork	Isis Lotus Healing / Isis Mysteries Healer	Shamanic Healing
Brennan Healing (Barbara Brennan School of Healing)	Jin Shin Jyutsu	Shen Therapy
Chakradance	Kahuna Bodywork	Somatic Integration Therapy
Chi Nei Tsan (Hara Release)	Kinergetics	Somatic Therapy
Chiron Healing	Kinesiology	Somato Emotional Release
Coaching – Soul Coaching	Luminious Angel Way (Spiritual Healing)	Souls Purpose
Colour Therapy	Magnetic Healing	Sound Healing
Core Energetics	Massage – Chakra (energy massage)	Space Clearing
Cranio Sacral Therapy	Massage – Energy Balance	Spiritual Healing
Crystal Light Healing	Massage – Energy Balance Massage	Tai Chi
Crystal O therapy	Massage – Holistic Massage	Tai Chi for arthritis
Crystal Sound Therapy	Massage – Ka-Huna	Tai Chi for diabetes
Crystal Therapy	Massage – Ki Massage	Tantra
Crystal Vibrational Therapy (CVT)	Massage – Lomi Lomi Massage	Tapas Acupressure Technique (TAT)
Didgeree Doo Sound Healing	Massage – Psychic Massage	Tarot Card Reading
Dowsing (Energy Healing Only)	Massage – Qi Gong	The Journey
Egyptian Emotional Clearing Technique	Massage – Shiatsu	Therapeutic Touch
EMF Balancing Technique	Massage – Transcendence Massage	Theta Healing
Emotional Freedom Technique (EFT)	Massage – Zen Shiatsu	Thought Field Therapy (TFT)
Energetic Healing	Medical Intuition	Tomatis Method
Energy Health (ACEP)	Meditation	Tomatis Method
Energy Medicine	Mindcolour Therapy	Touch for Health
Esoteric Healing (Spiritual Healing)	Music Therapy	Transcendental Meditation
Essences – Australian Bush Flower Essences	Nambudripads Allergy Elimination Technique (NAET)	Vibrational Breath Therapy
Essences – Bach Flower Remedies	Natural Spiritual Healing	Watsu
Essences – Coral Essences	Oceanic Body work	Whole Hearted Healing
Essences – Essence of Angels	Original 7 Level System	
Essences – Essences of the Ancient Civilisations	Orion Healing Technique	
	Polarity Therapy	



MEMBERSHIP SCHEDULE OF FEES

REVISED 14 APRIL 2010

The Energetic Healing Association (EHA) Membership year runs from 1 July to 30 June and **membership fees** are due for renewal by 1 July of each year. The membership fee reduces on a sliding scale (see tables below) in the first 9 months and will cover the period to 31 June 2010. For new members, membership fees paid during April to June will be valid until 30 June 2011 ie it will cover membership for the remainder of the current financial year as well as the following membership year.

The **joining fee** is paid only once – when you join the EHA for the first time. However, your membership will lapse if your fees are outstanding for a period and you will be required to pay the joining fee again at the time that you renew your membership.

The Energetic Healing Association is at present, not registered for **GST**, when, and if, this becomes appropriate members will be notified and GST will be included with the fees payable. Fees may be subject to change and will be notified to Members when the Renewal Notices are forwarded each year.

FULL MEMBERS – Membership fee + joining fee, if applicable

MONTH	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Valid to 30 June 2011		
										April	May	June
Joining Fee	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40
Membership	\$110	\$110	\$110	\$100	\$100	\$100	\$ 90	\$ 90	\$ 90	\$ 120	\$ 120	\$ 120
Total	\$150	\$150	\$150	\$140	\$140	\$140	\$130	\$130	\$130	\$ 160	\$ 160	\$ 160

STUDENT MEMBERS - Membership fee + joining fee, if applicable

MONTH	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Valid to 30 June 2011		
										April	May	June
Joining Fee	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40
Membership	\$ 50	\$ 50	\$ 50	\$ 40	\$ 40	\$ 40	\$ 35	\$ 35	\$ 35	\$ 55	\$ 55	\$ 55
Total	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 75	\$ 75	\$ 75	\$ 95	\$ 95	\$ 95

COMPANION MEMBERS - Membership fee + joining fee, if applicable

MONTH	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Valid to 30 June 2011		
										April	May	June
Joining Fee	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40
Membership	\$ 65	\$ 65	\$ 65	\$ 60	\$ 60	\$ 60	\$ 55	\$ 55	\$ 55	\$ 70	\$ 70	\$ 70
Total	\$105	\$105	\$105	\$100	\$100	\$100	\$ 95	\$ 95	\$ 95	\$ 110	\$ 110	\$ 110



MEMBERSHIP SCHEDULE OF FEES

REVISED 14 APRIL 2010

MEMBERS TRANSFERRING FROM STUDENT OR COMPANION MEMBERSHIP TO FULL MEMBERSHIP

Student or Companion members **transferring to full membership** do not need to repay the joining fee - only the difference in fees for the month of transfer.

Fees When Transferring from Student Membership to Full Membership

NB: the fees below assume that a Student Membership Fee of \$50 has already been paid for the membership year in which they are transferring.

MONTH	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Membership	\$60	\$60	\$60	\$50	\$50	\$50	\$40	\$40	\$40	\$30	\$30	\$30

Fees When Transferring from Companion Membership to Full Membership

NB: the fees below assume that a Companion Membership Fee of \$65 has already been paid for the membership year in which they are transferring.

MONTH	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Membership	\$45	\$45	\$45	\$35	\$35	\$35	\$25	\$25	\$25	\$15	\$15	\$15

Payment Options

- Cheque/money order - payable to Energetic Healing Association
- Direct deposit into the EHA cheque account:
Westpac BSB: 032298; Acct Number: 303210
(Please ensure you input your name in the transaction description field)

ENERGETIC HEALING ASSOCIATION INCORPORATED ABN 34 966 364 899
 Email: membership@energetichealingassoc.org info@energetichealingassoc.org
 Website: www.energetichealingassoc.org
 PO Box 394, CROWS NEST NSW 2065 Phone: 0417 204 105