Natural Health Practitioners New Zealand

ADDITIONAL MODALITY APPLICATION FORM

Please ensure that you complete all sections of this application form and supply copies of all required documentation. Incomplete application forms and documentation will not be processed.

First Name:_____Middle Name: _____Last Name: _____

Postal Address: _____

Suburb: _____ City: _____Post Code: _____

Phone: _____ Mobile: _____ _____

Email:_____DOB: _____

Clinic/Business Details

Clinic/Business Name: _____

Street: _____

Suburb: _____ City: _____Post Code: _____

Phone: _____ Mobile: _____ _____

Email:_____

Additional Modality you are applying for: _____

Training Establishment you qualified with**:** _____

_____

Refer to full List of Modalities in Accompanying Documents and on the Website

Registration Levels *Please tick the level of registration you belong to:*

- ❑ Natural Therapies Practitioner .....Certificate/600 hours
- ❑ Advanced Natural Therapies Practitioner..... Diploma/1200 hours
- ❑ Natural Medicine Practitioner .....Degree/Diploma/ 3600 hours

Legal

Have you ever been subject to a professional mis-conduct disciplinary process or been disciplined by a professional body?

If yes, you are required to provide relevant information ❑Yes ❑ No

Please read and sign the following:

NHPNZ Privacy Statement

In accordance with the requirements of the Privacy Act 1993, I consent to the use of the information contained in this application by the Natural Health Practitioners of New Zealand Incorporated for any purpose reasonably connected to the furtherance of any one or more of its authorized objectives.

Declaration

I have read the **Code of Ethics** and the **Code of Practice of the Natural Health Practitioners of New Zealand** and agree to abide by the rules therein. Copies of all the required documentation are attached.

The information I have provided is true and correct in every respect.

I agree to undertake the necessary hours on **Continuing Education/Professional Development** relating to my registered modality/modalities annually.

I also undertake to notify the Registrar of any changes to the details submitted with the membership application.

I wish my additional modality to be included in the directory on the website:

YES / NO (please circle your option)

Signature of Applicant:_____ Date: _____

Required Documents (Please submit the following with this application)

If the name on this application is different from the name on the documents submitted with it, please provide proof of registered name change i.e. Marriage Certificate, Statutory Declaration of name change.

❑ **Copies of your professional qualification** – Nationally/Internationally recognised diplomas, degrees and certificates which are relevant to the Additional Modalities that you are eligible to be registered under

An invoice for new modality applicaton fee of $30 (GST Inc)
will be generated and sent to you on the acceptance of this application

Please email all documentation to info@nhpnz.com