Natural Health Practitioners New Zealand

STUDENT APPLICATION FORM

Please ensure that you complete all sections of this application form and supply copies of all required documentation.

First Name:_____ Middle Name: _____

Last Name:_____ DOB: _____

Postal Address: _____

Suburb:_____ City:_____ Post Code: _____

Phone: _____ Mobile: _____

Email:_____

Modality/Modalities you are training in: _____

_____

Proposed length of course: _____

Training Establishment you are training with: _____

_____

Principal /Tutor/Teacher Signature:_____ **Date:** _____

I confirm that this student is enrolled and training in the above modality/ies. I hereby authorise NHPNZ to contact me should any further confirmation or proof of enrolment be required.

NHPNZ Privacy Statement (Please read and sign the following**)**

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 authorised 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 these are in the accompanying documents)

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

I agree that the NHPNZ has the right to require me to complete the police vetting procedure and that this may be required at any time during my membership.

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

Signature of Applicant:_____ Date: _____

This Application Form and all required documentation are to be sent to:

Natural Health Practitioners of New Zealand
PO Box 31396, Milford, Auckland 0741
Telephone 09 414 5501 Email: info@nhpnz.com Website: www.nhpnz.com

NHPNZ Membership Fee Schedule for Student Members

Payment: You will be issued with an invoice once your application has been accepted. this will be on a pro-rata basis. Membership is from 1 April to 31 March each year.

The current annual fees (Inc GST) are:

New membership Application Fee	$ 50.00	onetime only payment
Annual Membership Fee	$ 50.00	
Insurance cover	$ 392.15	
	$ 492.15	Cost for first full year

Natural Health Practitioners of New Zealand Liability Insurance covers:

Professional Indemnity
Medical Malpractice
Public Liability
Statutory Liability
Employers Liability

For more information refer to the accompanying documents or the website: **www.naturalhealthpractitioners.org.nz**

Declaration/History of Personal Liability Insurance

This declaration is required by Student Member Applicants seeking Liability Insurance Scheme arranged on behalf of and for the Membership of the Natural Health Practitioners of New Zealand Incorporated

Have you ever had:

- Any liability insurance or application of insurance declined or cancelled, renewal refused, special conditions imposed; or
- Been the subject of disciplinary proceedings for professional misconduct, including breach of Statutory Law (i.e. Breach of Government Act/s); or had
- Any liability claims made against you arising out of your existing, or previous, practice or modality/ies; or
- Are you currently aware of any claims or circumstances which might result in claims against you arising out of your practice or associated activities?
- A professional mis- conduct disciplinary process or been disciplined/refused membership by a professional body/training establishment?

☐ Yes ☐ No

If answered yes to any of the above please provide details
(if additional space is required please complete and sign by way of additional addendum)

_____

_____

_____

Applicants
Name_____

Signature:_____Date: _____