



3 Tanjenong Place
Burleigh Heads QLD 4220
Email: info@myhealthassociation.com.au
Website: www.myhealthassociation.com.au

Office Use Only
Date Received:

Please return completed form to:
MHA
My Health Association
3 Tanjenong Place
Burleigh Heads, QLD 4220

APPLICATION for ACCREDITATION and MHA MEMBERSHIP

Title: (circle) Mr Mrs Miss Ms

Surname:

Given Names:

Residential Address: (Tick if postal) []

Street
Suburb/Town
State Postcode
Telephone
Facsimile
Mobile

Clinic/Studio Address: (Tick if postal) []

Street
Suburb/Town
State Postcode
Telephone
Facsimile
Mobile
Website

PO Box (if applicable):
Suburb/Town
State Postcode

[] Please tick if you wish to receive info by MHA e-News

Email

MODALITIES AND MEMBERSHIP (please tick)

- | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Acupuncture | <input type="checkbox"/> | Nutrition |
| <input type="checkbox"/> | Aromatherapy | <input type="checkbox"/> | Oriental Remedial Therapy |
| <input type="checkbox"/> | Ayurvedic Medicine | <input type="checkbox"/> | Reiki Practitioner |
| <input type="checkbox"/> | Counselling | <input type="checkbox"/> | Remedial Therapy |
| <input type="checkbox"/> | Herbal Medicine (Western) | <input type="checkbox"/> | Therapeutic Massage |
| <input type="checkbox"/> | Homoeopathy | <input type="checkbox"/> | Traditional Chinese Herbalism |
| <input type="checkbox"/> | Ka Huna Massage | <input type="checkbox"/> | Traditional Chinese Medicine |
| <input type="checkbox"/> | Naturopathy | <input type="checkbox"/> | Yoga Teacher |

Other modalities may be considered. Other:

PAYMENT METHODS

Enclosed is my cheque / money order for membership (*see Membership Fees*)

TOTAL

\$ 77.00

OR

Please debit my Mastercard / Visa (circle one) for twelve months membership:

Credit Card Number _____ / _____ / _____ / _____

Expires: Month..... Year **TOTAL**

Cardholder's Name:..... Signature:

\$ 77.00

OR

Direct Deposit Details:

Account Name MY HEALTH YOGA
Bank Name WESTPAC BANKING CORPORATION
A/C 242998
BSB 034239

NOTE: PLEASE INCLUDE YOUR NAME IN THE DESCRIPTION/REFERENCE OF FUNDS TRANSFER

PROVIDE DETAILS OF COURSE(S) COMPLETED:

Course Provider

Address

Course Name

Qualification

Date Course Completed

ATTACH COPIES OF QUALIFICATIONS (GRADUATED MY HEALTH YOGA TEACHERS EXCLUDED)

OTHER MEMBERSHIP: (MUST BE ANSWERED)

I have not had my name removed from another professional register due to fraudulent conduct or fraudulent behaviour.

(applicant signature)

I am currently a member of the following associations *(IF APPLICABLE)*

.....

HAVE YOU EVER BEEN CHARGED OF ANY CRIMINAL OFFENCES OR DO YOU HAVE A CRIMINAL RECORD?

HAVE YOU OR A COMPANY YOU HAVE ASSOCIATED WITH EVER BEEN DECLARED BANKRUPT, PUT INTO LIQUIDATION, OR VOLUNTARY RECEIVERSHIP?

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE FULL DETAILS:

.....

.....

.....

DETAILS OF CLINICAL PRACTICE: (IF APPLICABLE)

Name of Clinic

Address

Period of clinical practice

Modalities (therapies) practiced

Other relevant information

.....

.....

.....

COMMONWEALTH OF AUSTRALIA STATUTORY DECLARATION

I, (name of person making declaration), do solemnly and sincerely declare:

1. I am the person named in this declaration.
2. This application is made on the basis of the truth and correctness of all information supplied.
3. I have not been convicted of a criminal offence in Australia or overseas punishable by law and hereby authorise the My Health Association to make inquiries as necessary.
4. I acknowledge that MHA may, in its absolute discretion, grant or refuse membership without assigning any reason therefore.
5. If accepted as a member of MHA, I agree to be bound by the Constitution, Code of Professional Ethics and regulations established from time to time by MHA.
6. I understand that it is a requirement for all members of MHA practising in Australia to be able to communicate in English both orally and in written form and I declare that I am able to communicate in English both orally and in the written form.

And I make this solemn declaration by virtue of the *Statutory Declarations Act 1959*, and subject to the penalties provided by that Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

..... (signature of person making declaration)

Declared at (place)

the day of..... 20..... (year)

If an application is incomplete, has missing information it will be returned to the applicant.

APPLICANTS CHECKLIST (To ensure application is fully completed)

- Application fully completed
- Correct membership fee included
- Cheques made payable to My Health Association
- Copy of Qualifications
- Statutory Declaration completed
- Provide details of any Clinical Practice

MHA APPLICATION & MEMBERSHIP FEES

\$77.00 (all amounts include 10% GST)

Membership Fees Payable with Application:

The fees below are payable on submission of application for membership and cover a 12 month period from the date the application is received.

REQUIREMENTS & MINIMUM QUALIFICATIONS FOR MHA MEMBERSHIP

Applications for membership are reviewed and assessed by a panel of the MY HEALTH ACCREDITATION BOARD. Applications are reviewed and assessed in accordance with MHA membership requirements (subject to change as determined by MHA) at the time of application.

CONTINUING PROFESSIONAL EDUCATION

Members receive 5% discount on any My Health Yoga workshops and courses.

FULL PROFESSIONAL INSURANCE COVER

Insurance Advisernet Australia Pty Ltd have been appointed the preferred supplier of Insurance for MHA members. MHA members are eligible to apply to participate in the Insurance Advisernet Australia/MHA Insurance facility with policies and premiums specifically designed to cover MHA members for Professional Risks, incorporating General Public and Products Legal Liability. Insurance Advisernet Australia Pty Ltd (Brokers) - Contact: Chris Bygraves on 0755387655, 0414707880, chris.bygraves@insuranceadviser.net.

PROFESSIONAL PUBLICATION

"MY HEALTH" is published and mailed to members quarterly. MHA members are encouraged to submit articles for the publication. Noticeboard information and Classified Advertisements are available to members at no cost.

WEBSITE

The MHA website www.myhealthassociation.com.au contains a vast amount of information about MHA. There is a section 'for members' which contains a large amount of information & services that members can access on line. You will be sent your individual password to access the 'for members' section.

CERTIFICATES

MHA members receive a Membership/Accreditation certificate.

MEMBERSHIP STAMP

Stamps are available with 'MHA member' (our logo included) and your name, address provider number (if relevant) and other significant details.

NEWSLETTERS

Regular newsletters are sent to members to ensure members are kept up-to-date with developments and news.

NB: FIRST AID:

To be eligible for provider status with Health Funds it is a requirement that practitioners have a current Senior or Level 2 First Aid certificate.