



Professional Hypnotherapists of Australia Incorporated (PHA Inc.)

(Member of the HCA Inc.)

Welcome to the Professional Hypnotherapists of Australia Incorporated (PHA Inc.) membership application for new members and those renewing their annual membership.

The PHA Inc. Executive Committee and current members look forward to you becoming a member of our organisation.

PHA Inc. is an Australia-wide professional hypnotherapy Association with its origins and headquarters in Western Australia.

The aim of the PHA Committee and membership is:

- For all members of the Association to adhere to the ethics, standards of practice, administration, advertising, personal and clinical conduct and presentation, and attitudes towards fellow Members of the Association and other professionals
- Safeguard the welfare of clients
- Always practice in an ethical manner
- Support and promote the science and professional practice of Hypnotherapy
- Advance professional training for the advancement of the membership
- Support the Association in its activities for the betterment of the PHA Inc. it's members, Committee and the profession

[Please see below for details of membership levels, summary of the Terms and Conditions for each level and an attached membership application form on pages 5 to 8.](#)

All members are expected to comply with the full Terms and Conditions for their membership level.

Membership Details

Within the PHA Inc. membership there are seven (7) levels of membership. They are:

- Student
- Affiliate
- Associate – Practicing and Non-Practicing
- Standard
- Clinical
- Professional Clinical

Summary of Membership Qualification Requirements

Student – [For full Terms and Conditions see sections 1 and 3 on pages 6 and 7 of the Application Form](#)

Someone who is engaged in hypnosis/hypnotherapy training with a PHA Inc. recognised training organization or as considered by the PHA Executive from time to time and is not recognized by PHA Inc as a practicing hypnotherapist.

Is entitled to free membership of PHA Inc for the first year of membership of part thereof.

Does not have voting rights at the PHA Inc. General Meetings and Annual General Meeting.

Not able to hold a position on the PHA Inc. Committee.

Students, who have, in the opinion of the Committee completed enough of their studies to allow them to undertake unpaid practice competently, may be considered for Provisional status upon their written application.

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Affiliate – For full Terms and Conditions see sections 1 and 3 on pages 6 and 7 of the Application Form

Either, a member of an allied Association or someone who maintains an interest in Hypnotherapy.

Does not have voting rights at the PHA Inc. General Meetings, Special General Meetings or Annual General Meeting and not able to hold a position on the PHA Inc. Committee.

Not able to use the PHA Inc. logo in any form of advertising or promotion.

Not required to maintain PHA Inc. Supervision and CPE points.

Associate – Non-Practicing – For full Terms and Conditions see sections 1 and 3 on pages 6 and 7 of the Application Form

Has voting rights at the PHA Inc. General Meetings and Annual General Meeting and is able to hold a position on the PHA Inc. Committee.

Not working as a Hypnotherapist in a professional practice during this PHA Inc. year.

Maintain PHA Inc. required Supervision and CPE points.

Associate – Practicing – For full Terms and Conditions see sections 1 and 2 on page 6 of the Application Form

Completed a minimum of 400 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.

Working as a Hypnotherapist on an occasional basis.

Maintain PHA Inc. required Supervision and CPE points.

Less than twelve (12) months of clinical practice.

Maintains indemnity insurance, a current First Aid Certificate and a current Working With Children Check.

Has voting rights at the PHA Inc. General Meetings and Annual General Meeting and is able to hold a position on the PHA Inc. Committee.

Standard – For full Terms and Conditions see sections 1 and 2 on page 6 of the Application Form

Completed a minimum of 400 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.

Working as a Hypnotherapist in a professional practice with a minimum one (1) year of clinical practice.

Maintain PHA Inc. required Supervision and CPE points.

Obtained Basic Counselling and Psychology Qualifications.

Maintain indemnity insurance, a current First Aid Certificate and a current Working With Children Check.

Has voting rights at the PHA Inc. General Meetings and Annual General Meeting and is able to hold a position on the PHA Inc. Committee.

Clinical – For full Terms and Conditions see sections 1 and 2 on page 6 of the Application Form

Completed a minimum of 400 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.

Working as a Hypnotherapist in a professional practice with a minimum three (3) years of clinical practice, or 250 documented clients treated, or 500 documented client treatments validated by the PHA Inc. Executive.

Maintain PHA Inc. required Supervision and CPE points.

Obtained Basic Counselling and Psychology Qualifications.

Maintain indemnity insurance, a current First Aid Certificate and a current Working With Children Check.

Has voting rights at the PHA Inc. General Meetings and Annual General Meeting and is able to hold a position on the PHA Inc. Committee.

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Professional Clinical – For full Terms and Conditions see sections 1 and 2 on page 6 of the Application Form

Completed a minimum of 400 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.

Working as a Hypnotherapist in a professional practice with a minimum five (5) years of clinical practice, or 1,000 documented clients treated, or 2,000 documented clients treated and validated by the PHA Inc. Executive.

Maintain PHA Inc. required Supervision and CPE points.

Obtained Basic Counselling and Psychology Qualifications.

Maintain indemnity insurance, a current First Aid Certificate and a current Working With Children Check.

Has voting rights at the PHA Inc. General Meetings and Annual General Meeting and is able to hold a position on the PHA Inc. Committee.

To Complete An Application for Membership

Select the appropriate level of membership.

Ensure that you currently conform to and that while a member of PHA Inc. you are able to continue to conform to PHA Inc. membership Terms and Conditions for the applied membership level as listed on pages 6 and 7 of this Membership Application form.

Complete required details on page 5 and declaration on page 8.

Attach copies of all relevant documentation you have not already provided PHA Inc. PHA Inc. will not be responsible for any loss or misplacement of any original documents.

Include proof of payment if paying by direct deposit.

If you are a member of another hypnotherapy or other allied health association, please provide PHA Inc. details of the name of the association, level held and any other recognised qualifications.

Then forward documentation (copies only please) and payment (direct deposit receipt number) to:

Professional Hypnotherapists of Australia Inc. (PHA Inc.)

Membership Secretary

Jamina Tubbing

info@evolvehypnosis.com.au

Payment can be made by Direct Deposit to PHA Inc. BSB number 036157 Account number 321675. Please include your name as your reference to this transaction.

Legend to complete Membership Application form:

Requirements

- ☐ Mandatory
☐ Optional

Membership Level

- Stnt Student
Aff. Affiliate
Asc. Associate
Stnd Standard
Clin. Clinical
Prof. Professional Clinical

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Check List for Applicant – Please only provide copies of any documents and do not forward copies of documentation already provided to PHA Inc.

Checklist

- ☐ Completed membership application
- ☐ Hypnosis Qualifications including Transcript/Academic Statement
- ☐ Student - Enrolment evidence to a recognised Training facility as a Student
- ☐ Current Applied First Aid Certificate
- ☐ Current Indemnity Insurance Policy
- ☐ Completed and signed CPE Record from prior year
- ☐ Basic Counselling and Psychology Qualifications
- ☐ Working With Children Check where you will be working with children
- ☐ Evidence of membership application payment
- ☐ Other supportive documentation for your application and additional training and qualifications

Sample of Recognised Levels of Qualifications

(Other qualifications to be considered by the PHA Committee on request of the applicant)

Training Organisation	Qualification	PHA Inc. Recognition
Australian Academy of Hypnosis	Certificate of Hypnosis - Minimum of 400 Hours Training	Associate / Standard
Academy of Applied Hypnosis	Certificate of Hypnotherapy - Minimum of 400 Hours Training	Associate / Standard
Australian and Pacific College of Clinical Hypnotherapy (APCCH)	Diploma of Clinical Hypnotherapy and Psychotherapy	Associate / Standard
Australian Academy of Hypnosis	Certificate of Advanced Hypnosis	Associate / Standard
Australian Academy of Hypnosis	Diploma of Hypnosis or Certificate of Advanced Hypnosis	Clinical / Professional
PEAL Academy (Castor & Pollux)	Diploma or Advanced Diploma of Clinical Hypnotherapy	Clinical / Professional
Academy of Applied Hypnosis	Certificate or Diploma of Clinical Hypnotherapy	Clinical / Professional
The Australian Institute of Clinical Hypnotherapy	Diploma of Clinical Hypnotherapy & Strategic Psychotherapy	Clinical / Professional
Recognised organisation providing Government accredited training or a member of the Hypnotherapy Council of Australia (HCA) - Upon approval of the PHA Inc. Committee.	Fully Accredited Advanced Diploma or Degree	Clinical / Professional
Recognised qualification of Basic Counselling and Psychology – included in Diplomas offered by e.g. PEAL Academy & IAP	Certificate of Basic Counselling and Psychology	Clinical / Professional

PROFESSIONAL HYPNOTHERAPISTS OF AUSTRALIA INC.
(MEMBER OF THE HCA INC.)



**Professional Hypnotherapists of Australia
Incorporated (PHA Inc.)**
(Member of the HCA Inc.)

MEMBERSHIP APPLICATION 2019 / 2020

First Name	_____	Surname	_____
Business Name	_____		
Address (line 1)	_____		
Address (line 2)	_____		
<i>(Please note – PO Box addresses are not to be used as your address)</i>			
Postal Address	_____		
Town / Suburb	_____	Postcode	_____
Email	_____		_____
Website	_____		_____
Home Telephone	_____	Mobile	_____
Business Telephone	_____	Fax	_____

PHA Inc. Membership Terms and Conditions:

All PHA Inc. members must comply with the Terms and Conditions as listed here for their appropriate membership level by signing the Declaration on page 8 of this document

NOTE:

means must comply with these terms

O means not necessary at this level

Blue not applicable.

Membership Terms and Conditions	Stnt	Aff.	Asc.	Stnd	Clin.	Prof.
Section 1 - Applicable to All Practising and Non-Practising Members						
Abide by PHA Inc. Constitution and By-laws and Code of Ethics and Conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abide by all state and federal legislation governing me professionally and my business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have never been: <ul style="list-style-type: none"> Convicted of a criminal offence in Australia. Investigated for alleged professional misconduct. Refused membership of any professional membership body. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must state level of membership when advertising hypnotherapy services or membership with the PHA Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abide with HCA membership requirements, as PHA Inc. is a HCA member organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise PHA Inc. Member Secretary and provide evidence of any changes to personal compliance with PHA Inc. membership Terms and Conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 - Practising PHA Inc. Member	Stnt	Aff.	Asc.	Stnd	Clin.	Prof.
Voting rights at the PHA Inc. General Meetings and Annual General Meeting.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to hold a position on the PHA Inc. Committee.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed a minimum of 400 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as a Hypnotherapist in a professional practice.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than twelve (12) months of clinical practice.			<input type="checkbox"/>			
Minimum one (1) year of clinical practice.				<input type="checkbox"/>		
Minimum three (3) years of clinical practice, or 250 documented clients treated, or 500 documented client treatments validated by the PHA Inc. Executive.					<input type="checkbox"/>	
Minimum five (5) years of clinical practice, or 1,000 documented clients treated, or 2,000 documented clients treated and validated by the PHA Inc. Executive.						<input type="checkbox"/>
Advise PHA Inc. of any changes to the status of any changes to professional practice.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtained Basic Counseling and Psychology Qualifications.			O	O	<input type="checkbox"/>	<input type="checkbox"/>
Maintain indemnity insurance with a minimum cover as allowed by your insurer.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise PHA Inc. of any changes to the status of your indemnity insurance.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a current First Aid Certificate.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise PHA Inc. of any changes to the status of your First Aid Certificate.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a current Working With Children Check where clients include children.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage a Supervisor(s) approved by PHA Inc.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update and maintain PHA Inc. Supervision Record and provide as evidence for annual membership renewal.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update and maintain PHA Inc. CPE Record and provide as evidence for annual membership renewal.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to use PHA Inc. logo in advertising and promotional material but must state level of PHA Inc. membership.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand PHA Inc. may supply my qualification and membership details to Health Funds.					<input type="checkbox"/>	<input type="checkbox"/>

Section 3 - Non-Practicing PHA Inc. Member	Stnt	Aff.	Asc.	Stnd	Clin.	Prof.
Engaged in hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.	<input type="checkbox"/>					
To qualify as an Affiliate member either: <ul style="list-style-type: none"> • A member of an allied Hypnotherapy Association; or • Allied Hypnotherapy Professional not having completed training with a PHA Inc. recognised training organisation. • Maintain an interest in hypnosis through alternate allied profession. 		<input type="checkbox"/>				
Voting rights at the PHA Inc. General Meetings and Annual General Meeting.			<input type="checkbox"/>			
Able to hold a position on the PHA Inc. Committee.			<input type="checkbox"/>			
Not working as a Hypnotherapist in a professional practice during this PHA Inc. year.			<input type="checkbox"/>			
Engage a Supervisor(s) approved by PHA Inc.	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>			
Update and maintain PHA Inc. Supervision Record and provide as evidence for annual membership renewal.	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>			
Update and maintain PHA Inc. CPE Record and provide as evidence for annual membership renewal.	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>			

PROFESSIONAL HYPNOTHERAPISTS OF AUSTRALIA INC.

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Fellow/Life Member-This membership status is awarded by PHA Inc.

If you are applying for Senior Associate, Clinical, or Professional membership then please tick below if you have previously applied to join HCA.

☐

ANHR

Please advise if you require a receipt for your membership payment – *please tick*:

☐

Yes

☐

No

Membership Level Applied For

I hereby apply for membership for the following category – *please tick*:

Level

Cost

Non-Practicing Membership

☐

Student

No cost for initial membership, however, a charge of \$45 for membership renewal will apply while still training.

☐

Affiliate

\$45

☐

Associate – Non-Practicing

\$85

Practicing Membership

☐

Associate - Practicing

\$85

☐

Standard

\$150 – 20% discount for first year.

☐

Clinical

\$170– 20% discount for first year.

☐

Professional Clinical

\$170– 20% discount for first year.

Declaration

By signing below, I _____ (*please print clearly*) confirm that:

- My application is subject to Professional Hypnotherapists of Australia Incorporated (PHA Inc.) Committee approval and that they have the right to refuse my application if I do not comply with PHA Inc. requirements; and
- That I currently conform to and while a member of PHA Inc. agree to continue to conform to all PHA Inc. terms and conditions as listed above on pages 6 and 7 of this Membership Application for the applied membership level.
- If I do not conform to the PHA Inc. terms and conditions for the applied membership level as outlined above on pages 6 and 7 of this Membership Application, I understand that the PHA Inc. Executive may at their discretion at any time revoke my membership of the PHA Inc.

Signature: _____

Date: _____

Name: _____

(*please print clearly*)