



# Professional Hypnotherapists of Australia Incorporated (PHA Inc.)

(Member of the HCA Inc.)

Welcome to the Professional Hypnotherapists of Australia Incorporated (PHA Inc.) membership renewal. The PHA Inc. Executive look forward to you renewing your current annual membership. 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. its members, Committee and the profession.

Please see table below for details of membership levels, summary of the Terms and Conditions for each level.

## Membership Levels

Within the PHA Inc. membership there are five (5) levels of membership.

They are:

1. Affiliate (Aff)
2. Student (Stnt)
3. Standard (Stnd)
4. Clinical (Clin)
5. Professional/Clinical (PClin)

## 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 AT THE END of this document.

**NOTE:**      means comply with these terms,    O means not necessary at this level,    shaded not applicable

| Membership Terms and Conditions                                                                                                                                                                                                                                                              | Stnt        | Aff         | Stnd        | Clin         | PClin        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|--------------|--------------|
| Abide by PHA Inc. Constitution and By-laws and Code of Ethics and Conduct.                                                                                                                                                                                                                   |             |             |             |              |              |
| Abide by all state and federal legislation governing me professionally and my business.                                                                                                                                                                                                      |             |             |             |              |              |
| Have never been: <ul style="list-style-type: none"> <li>Convicted of a criminal offence in Australia.</li> <li>Investigated for alleged professional misconduct.</li> <li>Refused membership of any professional membership body.</li> </ul>                                                 |             |             |             |              |              |
| Must state level of membership when advertising hypnotherapy services or membership with the PHA Inc.                                                                                                                                                                                        |             |             |             |              |              |
| Abide with HCA membership requirements, as PHA Inc. is a HCA member organisation.                                                                                                                                                                                                            |             |             |             |              |              |
| <b>Practising PHA Inc. Member</b>                                                                                                                                                                                                                                                            | <b>Stnt</b> | <b>Aff.</b> | <b>Stnd</b> | <b>Clin.</b> | <b>PClin</b> |
| Voting rights at the PHA Inc. General Meetings and Annual General Meeting.                                                                                                                                                                                                                   |             |             |             |              |              |
| Able to hold a position on the PHA Inc. Committee.                                                                                                                                                                                                                                           |             |             |             |              |              |
| Completed a minimum of 600 hours hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.                                                                                                                                                                          |             |             |             |              |              |
| Working as a Hypnotherapist in a professional practice.                                                                                                                                                                                                                                      |             |             |             |              |              |
| Minimum five (5) years of clinical practice, or 500 documented clients treated,                                                                                                                                                                                                              |             |             |             |              |              |
| Advise PHA Inc. of any changes to the status of any changes to professional practice.                                                                                                                                                                                                        |             |             |             |              |              |
| Obtained Basic Counseling and Psychology Qualifications.                                                                                                                                                                                                                                     |             |             | O           |              |              |
| Maintain indemnity insurance with a minimum cover as allowed by your insurer.                                                                                                                                                                                                                |             |             |             |              |              |
| Advise PHA Inc. of any changes to the status of your indemnity insurance.                                                                                                                                                                                                                    |             |             |             |              |              |
| Maintain a current First Aid Certificate.                                                                                                                                                                                                                                                    |             |             |             |              |              |
| Advise PHA Inc. of any changes to the status of your First Aid Certificate.                                                                                                                                                                                                                  |             |             |             |              |              |
| Maintain a current Working With Children Check where clients include children.                                                                                                                                                                                                               |             |             |             |              |              |
| Engage a Supervisor(s) approved by PHA Inc.                                                                                                                                                                                                                                                  |             |             |             |              |              |
| Update and maintain PHA Inc. Supervision Record and provide as evidence for annual membership renewal.                                                                                                                                                                                       |             |             |             |              |              |
| Update and maintain PHA Inc. CPE Record and provide as evidence for annual membership renewal.                                                                                                                                                                                               |             |             |             |              |              |
| Able to use PHA Inc. logo in advertising and promotional material but must state level of PHA Inc. membership.                                                                                                                                                                               |             |             |             |              |              |
| Understand PHA Inc. may supply my qualification and membership details to Health Funds.                                                                                                                                                                                                      |             |             |             |              |              |
| Engaged in hypnosis / hypnotherapy training with a PHA Inc. recognised training organisation.                                                                                                                                                                                                |             |             |             |              |              |
| To qualify as an Affiliate member either:<br>A member of an allied Hypnotherapy Association; or<br>Allied Hypnotherapy Professional not having completed training with a PHA Inc. recognised training organisation.<br>Maintain an interest in hypnosis through alternate allied profession. |             |             |             |              |              |

## To Complete an Application for Membership

- ☐ Select the appropriate level of membership (using the table above)
- ☐ Scan completed membership application (p 4-5)
- ☐ Scan completed and signed CPE Record from prior year
- ☐ Scan in Qualifications including first aid
- ☐ Scan other supportive documentation (eg: evidence for CPE form, such as certificates, insurance certificate, working with children or recent police clearance)
- ☐ Make direct deposit to PHA Inc. BSB number 036157 Account number 321675.  
Please include your name as your reference on the transaction and record the confirmation number below.
- ☐ Email above documentation to:  
Jamina Tubbing (PHA Inc. Secretary)  
[PHA.Inc.Secretary@gmail.com](mailto:PHA.Inc.Secretary@gmail.com)



# Professional Hypnotherapists of Australia Incorporated (PHA Inc.)

(Member of the HCA Inc.)

## MEMBERSHIP APPLICATION 2020/2021

**Renewal:** Current Membership Number..... tick this box if you have no changes ☐

If you have any changes please fill in below.

### new Member Application:

|                                                                             |       |          |       |
|-----------------------------------------------------------------------------|-------|----------|-------|
| 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      | _____ |

### Membership Level Applied For

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

#### Level

#### Cost

#### Non-Practicing Membership

- |                                    |                                                                                                                   |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Student   | No cost for initial membership, however, a charge of \$45 for membership renewal will apply while still training. |
| <input type="checkbox"/> Affiliate | \$45                                                                                                              |

#### Practicing Membership

- |                                                                 |                                                                             |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Standard                               | \$150 – 20% discount for first year                                         |
| <input type="checkbox"/> Clinical                               | \$170 – 20% discount for first year                                         |
| <input type="checkbox"/> Professional Clinical                  | \$170 – 20% discount for first year                                         |
| <input type="checkbox"/> HCA if PHA is your primary association | <input type="checkbox"/> Yes ( if yes add \$50) <input type="checkbox"/> no |

## 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; 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 2 and 3 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 2 and 3 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.
- I have paid \_\$\_\_\_\_\_ by direct debit on \_\_\_\_/\_\_\_\_/\_\_\_\_
- The payment confirmation number is \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(*please print clearly*)