



Australian Association of Clinical Hypnotherapy & Psychotherapy Inc (A0036986V)

Membership Application & Renewal Form

July 1st 2025 to June 30th 2026

Membership Categories & Criteria: Minimum Standards of Clinical Hypnotherapy Education

Minimum Standards of Clinical Hypnotherapy Education

Applications for membership to the AACHP are welcomed from graduates and students of Diploma courses which have been accredited by the appropriate state education and vocational authority and meet Nationally Recognised Training standards or alternatively of professional training courses that meet the AACHP minimum standards as outlined below.

Certified Membership is offered to applicants who are of good character and are able to provide verifiable evidence of successful completion of the equivalent of at least 1000 nominal hours of education and training comprising theory and practice of the clinical applications of hypnosis and hypnotherapy via classroom teaching, self-study, written assignments, case studies, practical and written tests and supervised practice and which covers but may not be limited to the following core components:

- The history, principles and development of hypnosis & clinical hypnotherapy
- The main theories of psychology e.g. psychodynamic, humanistic, cognitive and behavioural
- Concepts of and factors in health, effective functioning and well-being
- Interview & Assessment techniques
- Communication & Counselling techniques
- Clinical hypnotherapy intervention methods & techniques
- Contraindications
- Principles of professional and ethical practice management

Certified members who have been in practice for a minimum of 12 months and meet all the criteria for practising membership of the AACHP may apply for Professional Clinical Membership.

Recognition of Prior Learning may be granted in cases where an applicant's formal training may fall short of the criteria as outlined above and/or the credentials of the applicant's training provider cannot be adequately verified. In addition to completing the membership application forms and providing all relevant documents pertaining to their education in clinical hypnotherapy, an individual's application for membership which includes a request for RPL may be assessed in one or more of the following additional ways: professional references, detailed case studies and written and practical tests. This thorough process ensures the professional integrity of both the applicant and the AACHP.

Associate Membership is available to applicants who are of good character, who are engaged in the study of clinical hypnotherapy or who wish to avail themselves of the benefits of non-practising membership of the Australian Association of Clinical Hypnotherapy & Psychotherapy.

Please read through & follow all instructions carefully

Please supply all necessary documentation - *Failure to do so will result in a downgraded membership:*

- ***You will NOT be recognised as a practicing member***
- ***You will NOT be eligible for private health fund benefits***
- ***You will NOT receive your certificate***
- ***You will incur an additional administration fee of \$20***

1. Personal/Business Details:

Member Type: Current New Former

Given Names:

Surname:

Date of Birth:

| | | | |
|------------|---------|--------|---------|
| Address: | Street | State: | P/Code: |
| | Suburb: | | |
| Telephone: | Home: | Work: | |
| | Mobile: | | |

Email Address:

Web site address:

Languages other than English spoken fluently?

Business/Company name:

Current Business Addresses:

| Practice | Start Date | Address | State | P/code |
|----------|------------|---------|-------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

2. Professional Details:

Category of Membership being applied for:

New practising memberships must be accompanied by a legible copy of your Certificate(s) and/or Diploma(s)

- Associate: I am applying for Associate membership because:
 - I am a student of clinical hypnotherapy at (name of training organisation)
 - I am no longer practising clinical hypnotherapy
 - I am a qualified practitioner in a related profession with an interest in clinical hypnotherapy

- Certified &
- Professional Clinical

Date graduated: _____

Practising professionally for 12 months or more: Yes No

I have met the annual supervision requirement of 10 sessions inclusive of at least 5 one on one supervision sessions with my Supervisor.

Yes No

Name of Supervisor: _____
 Contact Telephone No: _____
 Association: _____

3. References: (New Members Only)

Referee 1: Name: _____

Position: _____

Organisation: _____

Telephone: _____

Email Address: _____

All NEW members must provide a Police Check that is less than 12 months old.

Referee 2: Name: _____

Position: _____

Organisation: _____

Telephone: _____

Email Address: _____

4. Documents Required for Practising Membership (not required for Associate Membership)

Police Check Yes No

First Aid Level 2 Yes No

Professional Indemnity Insurance Yes No
(*Certificate of Insurance or Certificate of Currency*)

Working with children Check Yes No
(*if you work with children under 18 years, and it is applicable to your State, ie: VIC, NSW etc*)

Completed CPE Log for 2024/2025 Yes No
(*Retain CPE evidence for audit purposes*)

Completed Supervision Log for 2024/2025 Yes No
(*Retain Supervision evidence for audit purposes*)

 Attach copies of all documents you have ticked on this page. Original documents are not required but you may be required to produce the originals in the future for audit purposes. Missing or incomplete copies of documents may incur a \$20 reprocessing fee.

5. Membership Fees and Payment 2025/2026

- Students enrolled in study at an HCA approved School - Free
- First Year Graduates – No membership fee but HCA Registration Fee will apply.
- Renewing Members: \$140.00 unless applying under early bird renewal conditions.
- New Members: Pro Rata for Applications received between: Jul-Dec \$140, Jan-June \$70

An invoice will be issued with payment details upon receipt of an application for new membership.

All practicing memberships attract the Annual HCA Registration Fee.

6. Declaration: (All Applicants)**Applicant Declaration** (please tick which applies)**Practising Membership Applicants:**

AACHP is my primary Association for HCA Registration
OR My HCA Registration is paid through another HCA Association

I declare that I have:

- a) current adequate professional indemnity insurance;
- b) a current First Aid Level 2 Certificate;
- c) met the minimum requirements for Supervision and have a minimum of 20 CPE points during 2024/2025 and can provide evidence of same in the event of an audit;
- d) all original documentation pertinent to my compliance with AACHP membership and such documentation, can be produced on request.

Working with Children: (if applicable to your State or Territory)

I work with, or intend to work with, children under the age of 18 years and I have a current Working with Children Check, the original of which can be produced upon request.

All Applicants:

I declare that:-

- a) I am not aware of any formal complaints of professional misconduct ever having been made to any professional association or registration board against me.
- b) There are no complaints of professional misconduct currently under investigation in relation to my current/past work
- c) I have not been found guilty of any offence in Australia or overseas.
- d) I have never been refused admission, to a professional association or registration board, nor have I had my membership terminated by a professional association or registration board.

I understand and agree that the decision as to whether this renewal application is approved is at the sole discretion of the AACHP Committee and that the latter is not required to communicate or assign any reason to the decision. I affirm that all the details given here are accurate to the best of my knowledge and I agree that I am fully accountable for my ongoing adherence to AACHP membership criteria. I understand that giving false information may result in disciplinary action.

I give permission for the information provided on this application form to be disclosed to relevant third parties such as Private Health Insurance Providers and for my name, suburb, website and professional contact details to be included on the AACHP Website.

I understand that by the typing of my name in the signature box, I am legally signing this document, and certifying the content herein as being true and correct, as if written by my own hand

Signed _____

Date _____

If you are not submitting this document by electronic return, kindly sign and date this application in permanent ink.

Please forward by email or send by post, this completed form together with attached copies of all documents you have noted in Section 4 of this application, together with your cheque or direct deposit confirmation if you have already been invoiced to:

registrar@aachp.com

OR

AACHP Treasurer,
 63 Monbulk Road,
 Belgrave Vic 3160