

Reflexology Association of Australia Limited Suite 4/66 Daisy Road, Manly West QLD 4179 Ph 07 3396 9001

admin@reflexology.org.au

APPLICATION FOR PROFESSIONAL OR INTERMEDIATE MEMBERSHIP JULY 2023 TO JUNE 2024

Please return completed application with accompanying documents to the above postal or email address.

Name:	Date of Birth:	Date of Birth: Title: Mr / Miss / Ms / Mrs / Dr Other				
Postal Address:		Postcode:				
Residential Address:		Postcode:				
Clinic Address:		Postcode:				
Home Ph: Clinic Ph:	Mobile:	Fax:				
Email Address:	Preferred Contact:	Preferred Contact: Home Phone / Mobile / Email				
Optional Name Badge: Discounted price of \$20ea wh	hen purchased at time of application (usually \$30ea	OF AUSTRALIA				
Name to include on badge:		Your name here				
For those with an Overseas Qualification contact the	Membership Officer as further paperwork is require	ed.				
Qualification Obtained:						
Qualifications can be certified by the following per Declarations Act 1959) and include members of compenses, Medical Practitioner, Nurse and Pharmacists	certain professions such as Chiropractor, Dentist					
Clinic with evaluations by people attending 2. You have never been convicted of a crimin	72 hours practical/applied Reflexology training on ca the clinics. nal offence, had a complaint made against you rev suspended or expelled from another association, or nd.	iewed by a complaints/disciplinary				
☐ Professional Member \$310.00* (PM	Intermediate Member \$	305.00* (IM)				
\Box Optional Name Badge (add \$20 to	PM/IM price above), name to include on badge as	specified above.				
* Membership prices listed are for the full July 2023 to period, please check with our Membership Officer the off Administration Fee of \$60.00 inclusive of GST.						
Signature:	_Date: _					
Checklist: □ Completed Application □ Copies	s of First Aid/.Insurance Certificates □ Fee	□ ID Photo (optional)				
Payment Details:						
Method: □ Credit/ Debit Card	□ Direct Deposit					
Direct Deposit: National Australia Bank, BSB 084130 reference for identification and notify our office of you		your surname as transfer				
Credit/Debit Card Details (surcharge fee applies): Card Na Card Number://	ame: Expiry Date:/ CVV:_					



MEMBERSHIP CRITERIA

Professional Member is only available to a person who:

- (a) is a financial member and
- (b) has achieved an approved Certificate of Clinical Reflexology (CoCR), Diploma at a Registered Training Organisation (RTO) or training as accepted by the RAoA. *Note: courses conducted solely by correspondence are not accepted by RAoA*
- (c) has a current reflexology qualification completed within the last 5 years (unless proof of registration with another professional association can be provided)
- (d) has current and maintains Professional Indemnity and Public Liability Insurance Policy with coverage as required by industry.
- (e) has current and maintains a HLTAID011 (previously HLTAID003) First Aid Certificate or equivalent, and
- (f) is committed to on-going participation in RAoA's Continuing Professional Training (CPT) Program.

Intermediate Member is only available to a person who:-

- (a) is a financial member; and
- (b) has achieved a Certificate of Clinical Reflexology (CoCR), Diploma at a Registered Training Organisation (RTO), training as accepted by the RAoA or has applied for and been assessed as competent under the RAoA Membership Assessment process. *Note: courses conducted solely by correspondence are not accepted by RAoA*

Relevant documents to be sent with applications

- 1. **Certified** Copy of your qualifications (Graduation Certificate and Academic Transcript (if available))
- 2. ID Photograph to be scanned for our database e.g. passport photo (optional)
- 3. Copy of current nationally accredited First Aid Certificate
- 4. Certificate of Currency of Insurance listing Reflexology as your insured modality

Office Use Only Date Entered: Notes:	□ Database M/Ship	☐ Login #:	□ Letter Status	☐ Certificate : IM / PM	☐ Folder Receipt No.:	☐ Accounts