



***APPLICATION***

***FOR***

***MEMBERSHIP***

***HOLISTIC HEALTH ASSOCIATION INTERNATIONAL INC.***

PO Box 3056 NORMAN PARK QLD 4170  
Fax: (07) 3392 2400 Email: [hhai@healthandharmony.com.au](mailto:hhai@healthandharmony.com.au)



# *Mission Statement*

*To promote the concepts of Holistic Health Care nationally and in alliance with like minded holistic associations internationally.*

*To unite physicians, nursing professionals, natural medicine professionals, therapists, scientists, educators and policy makers in order to enhance holistic health for all humanity.*

***To strive for excellence in care for clients and health care professionals alike.***

## ***OBJECTIVES AND GOALS***

*To provide the concepts of Holistic Health throughout the world and to provide awareness amongst physicians, nursing professionals, natural medical professionals, therapists, scientists, educators and policy makers in order to enhance total health for all humanity.*

*To educate the public in the benefits of the holistic approach to health, and to inform them of the efficiency of holistic health care practices.*

*To provide introductory training/education and research in holistic therapies and traditional systems of medicine. Complimenting the modern medicine practices.*

*To integrate modern technology and medicine with traditional systems of medicine while encouraging alliances between natural medicine professionals and modern medicine professionals and address the needs of all segments of society including the under privileged and poor.*

*To develop joint endeavors in health care among holistically orientated professionals and organizations to support an atmosphere of cooperation.*

*To bring together health professionals from all holistically orientated professionals and organisations to support an atmosphere of co-operation.*

*To bring together health professionals from all segments of society for an opportunity to gain, exchange and understand concepts of holistic health by conferences, networking and other activities.*

*To realise the role each one of us has to play in the healing of others and ourselves and the promotion of health and peace, which will both refine the quality of our lives and improve the state of the planet.*

# ***CODE OF ETHICS***

## ***HOLISTIC HEALTH ASSOCIATION INTERNATIONAL***

***As a member of the Holistic Health Association International Inc.,***

***I shall at all times***

***Respect the rights and dignity of my fellow professionals and clients.***

***Maintain the highest standards of professional competence.***

***Represent my practice and the industry in a truthful and honest manner.***

***Ensure the information about treatment to be offered is given and understood and the consultation, assessment and treatment are only carried out with the informed consent of the client.***

***Provide reasonable access to information in client's personal records.***

***Develop and maintain my professional knowledge and skills.***

***Recognise the extent and limitations of my professional expertise.***

***Ensure client confidentiality and privacy.***

***To ensure safe Workplace Health and Safety practices.***

***Take care to ensure the highest standards of hygiene, materials supplied and safety of equipment.***

***Never misrepresent the expectations of treatment offered.***

***To establish productive working relationships with other medical professionals.***

***To be bound by this code of conduct.***



# HOLISTIC HEALTH ASSOCIATION INTERNATIONAL INC.

## APPLICATION FOR MEMBERSHIP

PLEASE USE BLOCK LETTERS AND COMPLETE ALL OF THE SPACES

Mr.  Mrs.  Miss.  Ms.  Other: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WORKPLACE NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS FOR  
CORRESPONDENCE: \_\_\_\_\_

FACSIMILE NO: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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		JULY - JUNE	JAN - JUNE	
MEMBERSHIP	Student Membership .....	\$30.00.....	\$30.00	<input type="checkbox"/>
LEVELS	Associate Membership .....	\$110.00.....	\$70.00	<input type="checkbox"/>
	Practitioner Membership.....	\$120.00.....	\$80.00	<input type="checkbox"/>
	Volunteer Membership .....	\$100.00.....	\$60.00	<input type="checkbox"/>
	Industry Partnership .....	\$100.00.....	\$60.00	<input type="checkbox"/>

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Your Modalities: \_\_\_\_\_

Details and

Year of Training: \_\_\_\_\_

Diplomas/Certificates  
and Year held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resume of Business/  
Work Experience: \_\_\_\_\_

Are you a: Business Owner \_\_\_\_\_ Owner/Operator \_\_\_\_\_ Employee \_\_\_\_\_

Other Professional

Association Memberships: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I acknowledge that I have read, understood and agree to abide by the Code of Ethics, and the Rules of Practice of the Holistic Health Association International, Inc.

I declare that the information that I have supplied is true, complete and correct.

I am enclosing payment of \$\_\_\_\_\_ in payment of the above.

I am enclosing copies of my Diplomas/Certificates etc. as listed on this form.

I understand that my application is subject to the approval of the Committee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD PAYMENT**

(Please Indicate Card Type)

Card Number \_\_\_\_\_ Visa / Mastercard / Bankcard

Name on Card: \_\_\_\_\_ Expiry Date \_\_\_\_\_

AMOUNT: \$\_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICIAL USE ONLY – PLEASE LEAVE BLANK**

Date Received:

Date Approved:

Student/Associate/Full

Documents Included.      Yes / No      Date:

Entered into Database      Yes / No      Date:

All Cheques and Money Orders to be made payable to: Holistic Health Association Int'l. Inc.

**OUR CONTACT DETAILS – PLEASE MAIL THIS FORM TO:**

The Secretary

FAX:      (07) 3392 2400

PO Box 3056

NORMAN PARK QLD 4170

Email: [hhai@healthandharmony.com.au](mailto:hhai@healthandharmony.com.au)

**PLEASE NOTE: Photocopies of this form WILL BE PROCESSED.**

Before you send in your application, have you:

- Read, understood and agreed with the Mission Statement and Code of Ethics?
- Completed all of the information in the application form, including which Membership level you are applying for?
- Enclosed payment?
- If you are applying for:
  - Student membership - included your student number?
  - Industry partnership - included information about the company?
  - Practitioner membership - attached evidence of 120hrs of practical, clinical experience in each of the modalities you wished to be recognised for?

## **GENERAL INFORMATION FOR MEMBERS**

*The Holistic Health Association International is the culmination of many years of planning and researching the needs of the care providers of the world. The meeting of two associates one from the orthodox medical world and the other from the world of natural therapies, both with a passion to change the way in which care is delivered to the sick and needy of society, and both wondering who was caring for the career's in society.*

*The association has an open door policy, and encourages any person delivering care, or, concerned about the health of their community to become a member of the association and join the journey towards the development of holistic healthcare for all.*

*The goal of the association was to develop an organisation for all care providers, allied health professionals and those professionals who have the capacity to influence the way in which care is delivered. The association offers a range of membership options based on the level of experience and formal qualifications. This range within the membership base is unique and provides a diverse and valuable source of information and experience.*

*The association and its members are also very well supported by industry and would encourage any company or professional identity with an interest in the health industry to apply for industry partner membership.*

### **MEMBERSHIP PACK IS TO INCLUDE THE FOLLOWING:**

- ♥ *Membership certificate suitable for framing*
- ♥ *Applications forms and literature for insurance requirements*
- ♥ *Free subscription to 'Healing Times' Newsletter*
- ♥ *Commonwealth bank – banking package offering advice and offers for the small businessperson or consultant.*

*'The Healing Times' a publication, which will communicate information, upcoming events, special offers and regular information relevant to, health care professionals, allied health professionals and industry partners. This publication is a collaboration of the following institutions*

***The Holistic Health Association International  
The Aromatherapy College of Australia  
Health and Harmony Colleges***

*All of these institutions choose to deliver their communications through the 'Healing Times' with enormous success. Regular communications of the up most importance to all involved in the production of the healing times and we would encourage members and readers to submit any articles they would like to have assessed for publication. Natural therapies can only continue to grow in stature if we continue to promote the work and results those practice.*

***The association wishes you well for the future and looks forward to a long and mutually beneficial relationship.***

*Good luck in the future*

***Gwen Ford***  
*Chairperson*

## MEMBERSHIP STATUS

The membership shall consist of the following classes of members;

### **Student membership**

Applicants will be involved in study and be committed to further study in personal and professional development.

Confirmation by means of enrollment details and or latest assessment results.

**Not eligible to hold office on management committee.**

**Eligible to vote in general meetings.**

### **Associate membership**

This membership is open to all members of public. Ideal while accruing practitioner status; or those wishing to take advantage of membership package & benefit.

**Not eligible to hold office on management committee.**

**Eligible to vote in general meetings.**

### **Practitioner membership**

Multi skilled and extended confirmed practical experience with a commitment for ongoing professional and personal development – acting as advocate in their field of expertise.

Ongoing Professional Development of 10 hours (10points) annually to be proven by certified copies of attendance of short courses, seminars, etc., to be attached to renewal application forms.

Practical Experience to be confirmed by evidence of 120 practical clinical hours.

**Eligible to hold office on management committee.**

**Eligible to vote at general meetings.**

### **Volunteer / ordinary membership**

An option offered to any person with a genuine interest in either volunteering their time and expertise in the industry , this membership offers a wide range of options; re-entering the work force, upgrading skill and currency, evaluating employment options and further study options.

**Eligible to hold office on management committee.**

**Eligible to vote at general meetings.**

### **Industry membership**

This membership status attracts allied like-minded organization and companies, committed to making a difference of the health industry generally, Industry membership offers valuable networking opportunities, exposure and recognition from the association and its affiliates.

**Eligible to hold office on management committee.**

**Eligible to vote at general meetings.**

### **Life membership**

Life membership is bestowed on any member of the association the management committee considers to have contributed to the association and its objectives and in a positive manner.

**Eligible to hold office on management committee.**

**Eligible to vote at general meetings.**