

NLPAA Membership Application

MEMBERSHIP LEVELS AND TERMS:

There are three levels of NLPAA membership available: **1) Affiliate Member, 2) Practitioner or Master Practitioner Member or 3) Professional Therapist/Coach Member** (Professional Therapist/Coach Members must complete pages 2 & 3). You may join (or renew) for 1 or 2 years.

NLPAA membership expires in July of each year. You pay a pro-rata amount depending on when you join:

Jul-Sept = 100% Apr-June = 100% Oct-Dec = 75% Jan-March ☐ 50% or ☐ 150% (please select)

*Return only the necessary pages to the NLPAA, **along with any documentation required**. Upon receipt of your application and supporting documentation, a 'New Member Kit' will be posted to you within 30 days.*

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:	STATE:	PC:	
TELEPHONE 1:	MOBILE:		
EMAIL:	DATE OF BIRTH:		

HIGHEST LEVEL OF NLP TRAINING:

NLP TRAINING LEVEL	TRAINING INSTITUTE	DATE COMPLETED	NO. OF FACE TO FACE TRAINING DAYS
<input type="checkbox"/> No formal NLP training	N/A	N/A	N/A
<input type="checkbox"/> Practitioner Certification			
<input type="checkbox"/> Master Practitioner Certification			
<input type="checkbox"/> Trainers Certification			

NB: for Certified & Clinical Member levels you must send (by post or email) a copy of your NLP Practitioner and NLP Master Practitioner (if applicable) Certificates with your application.

PAYMENT OPTIONS:

<input type="checkbox"/> Affiliate Member 1 year - \$90	<input type="checkbox"/> Practitioner Member 1 year - \$90	<input type="checkbox"/> Professional Member 1 year -\$150
<input type="checkbox"/> Affiliate Member 2 years - \$180	<input type="checkbox"/> Practitioner Member 2 years - \$180	<input type="checkbox"/> Professional Member 2 years - \$300

Optional - Website listing for Practitioner and Professional Members ☐ 1 year - \$30 ☐ 2 years - \$60

☐ Direct Deposit (BSB: 032-166, Acct No: 215147) Please use your name as a reference **RECEIPT NO.:** _____

☐ Visa ☐ MasterCard ☐ Bankcard

CARDHOLDER NAME: _____ **TOTAL PAYMENT AMOUNT: \$** _____

CARD NUMBER: _____ **EXPIRY:** ____ / ____

I agree to abide by and uphold the NLPAA Code of Ethics. (see www.NLPAA.org.au for more information)

Signature _____ **Date** _____

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☐ **WEBSITE LISTING - FIND AN NLP COACH OR THERAPIST:**

YOUR NAME: _____

COMPANY NAME: _____

ABN/ACN: _____ DATE STARTED PRACTICING: _____

PRACTICE ADDRESS: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

OTHER QUALIFICATIONS: _____

NB: your NLP Practitioner & Master Practitioner completion dates will be visible on your listing

PROFESSIONAL THERAPIST/COACH MEMBERSHIP

Professional Therapist/Coach Membership is open to anyone who:

1. Has completed a NLP Master Practitioner Certification (which meets the minimum requirements set by the NLPAA);
2. Has been working with clients as an NLP Therapist or Coach for a minimum of two years post-Master Practitioner certification, with at least 200 client hours; and
3. Holds current professional indemnity and personal liability insurance.

Ongoing annual requirements include:

- Current professional indemnity and personal liability insurance
- 16 hours of Ongoing Professional Development (OPD) related to NLP, Hypnosis or Coaching
- 10 hours of clinical supervision or mentoring to be completed with an NLP Trainer or Clinical Supervisor. Peer group supervision can be counted for up to 5 hours.

PROFESSIONAL THERAPIST/COACH MEMBER FORMAL QUALIFICATIONS:

Please list other (Non-NLP) formal qualifications including tertiary, diploma and certifications that are relevant to your application as a Clinical Member. Please note, this does not include professional development workshops.

QUALIFICATION ATTAINED	PLACE OF STUDY	DATE ATTAINED

PROFESSIONAL THERAPIST/COACH NLP EXPERIENCE:

Please list your professional NLP work experience to demonstrate a minimum of 2 years' client experience and at least 200 client hours. Please attach more pages if necessary.

ORGANISATION	REFERENCE	DATE(S)

PROFESSIONAL THERAPIST/COACH MEMBER PROFESSIONAL INDEMNITY & PUBLIC LIABILITY INSURANCE

Please attach a copy of your current insurance policy.

INSURANCE COMPANY	INSURANCE TYPE	EXPIRY DATE

YOUR CONDUCT:

If your answer is yes to any of the questions below, please provide separate page(s) containing details including findings and any convictions).

1. Have you ever been, or are you in the process of being investigated by a complaints, standards or professional conduct committee? ☐ NO ☐ YES
2. Have you ever been convicted of a criminal offence (not including traffic offences) ☐ NO ☐ YES
3. Have you ever been refused membership or had membership put on probation/stood down or cancelled by a professional or regulating body, community group, association or other organisation? ☐ NO ☐ YES
4. Are you currently under investigation by any State, Territory or Federal Police? ☐ NO ☐ YES
5. Are you a 'prohibited' or 'registrable' person defined by Australian State Protection legislation? ☐ NO ☐ YES