| ASSociate Membership Application | | | | | | |
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| Applicant Information | | | | | | |
| Title: | Name: | | | Date of Birth: | | |
| Home address: | | | | | | |
| City: | | | | Post Code: | | |
| Workplace name and address: | | | | | | |
| City: | | | | Post Code | | |
| Phone Number (Home): | | Phone Number (Work): | | | Phone Number (Mobile): | |
| Preferred E-mail: | | | | | | |
| EDUCATION Information | | | | | | |
| Professional Qualification: | | | Year of Professional Qualification: | | | |
| Board& PARENT BODY Declaration | | | | | | |
| I hold a current Annual Practicing Certificate with (please tick) NZ Physio Board NZ OT Board | | | | | | |
| I am a current member of (please tick): Physiotherapy New Zealand (PNZ) Occupational Therapy New Zealand (OTNZ) | | | | | | |
| HAND THERAPY NEW ZEALAND REGION INFORMATION | | | | | | |
| I agree for my contact details to be shared with the Regional representative for (please tick or leave blank if you prefer for your details to remain private): | | | | | | |
| Northland Auckland Waikato Wellington Canterbury-West Coast Otago-Southland  Bay of Plenty Nelson/Tasman | | | | | | |
| ACC ALLIED HEALTH CONTRACT | | | | | | |
| I am applying to work under the ACC Allied Health Contract Yes No | | | | | | |
| sUPERVISION | | | | | | |
| Supervisors Name and HTNZ membership number: | | | | | | |
| How many hours per week are you working in hand therapy? | | | | | | |
| CHECK LIST | | | | | | |
| I have included a copy of the HTNZ supervision agreement I have included my Annual Practicing Certificate  I have included proof of Parent Body Membership | | | | | | |
| PayMENT INFORMATION | | | | | | |
| I understand that a fee is required to be paid to complete my membership application and will pay this invoice when received | | | | | | |
| Consent & Signatures | | | | | | |
| I give Hand Therapy New Zealand consent to communicate with me by e-mail  I acknowledge that Associate members are required to include the words ‘Associate Hand Therapist’ when providing their credentials. | | | | | | |
| Signature of applicant: | | | | | | Date: |
| Please SEND completed APPLICATION & supporting Evidence to the Hand Therapy New zealand administrator via email [admin@handtherapy.org.nz](mailto:admin@handtherapy.org.nz) | | | | | | |

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| OFFICE USE ONLY | |
| Annual Practicing Certificate checked | Parent Body Membership checked |
| Supervision agreement uploaded to member file | HTNZ Executive approved |
| Details entered into website | Welcome Letter & Membership Certificate emailed |
|  | Regional liaison officer emailed member details |