| 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 CertificateI 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-mailI 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  |

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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 |