



APPLICATION FOR AROH REGISTRATION

When completed, please forward this form, with all required documents and payment, to:
 AROH Registrar, PO Box 1614, Wollongong DC NSW 2500

Surname: _____ **Given Names:** _____ **Title:** _____

Ph: _____ **Mob:** _____ **Email:** _____

Qualification: Bachelor HSc (Homeopathy) Adv. Diploma (Homeopathy) Date of Birth: _____
 Other _____

Issuing Institution: _____ Date of Qualification: _____

Primary Address

_____ **State:** _____ **Postcode:** _____

Postal Address

_____ **State:** _____ **Postcode:** _____

Additional Clinic Addresses (for Health Fund notification) **\$20 fee per address**

_____ **State:** _____ **Postcode:** _____

_____ **State:** _____ **Postcode:** _____

_____ **State:** _____ **Postcode:** _____

APPLICATION FEES

- Applying Feb – May **\$190**
 - Applying June – August **\$160**
 - Applying September - November **\$130**
 - Applying December - January **\$100**
- Additional clinic addresses **\$20** ea

Non-refundable application fee of \$50 if application is withdrawn and/or unsuccessful

- I enclose a cheque/money order payable to the Australian Register of Homoeopaths for \$_____ being my non-refundable application fee plus annual registration fee for the period ending 31st March 20_____
 OR
 I have arranged a Direct Deposit to AROH BSB 182-512, Account No. 960 856 193, quoting my Surname and Initial.
 I enclose a copy of the Internet Transaction Receipt for the transfer.
- I also enclose copies of my:-

Advanced Diploma of Homoeopathy or Bachelor of Health Science (Homoeopathy) or copy of your overseas qualification. Include Clinic Log/Hours and Statement of Academic Transcript also. All copies should be witnessed by a Justice of the Peace or relevant authorised notary.

Current Professional Indemnity Insurance, showing expiry date, a minimum \$2 million public liability and the modality of Hom. Currently registered medical practitioners need only supply proof of current medical registration and insurance documentation.

Senior First Aid Certificate Level II, showing expiry date. Currently registered medical practitioners and nurses are exempt from supplying Senior First Aid Certificate, providing proof of current registration is supplied.

- I hereby give permission for AROH to release my clinic contact details.

- I agree to be bound by AROH's rules & procedures, which include the **Code of Professional Conduct, Standards of Practice, Guidelines for Continuing Professional Development & the Homoeoprophylaxis Guidelines**, as promulgated on AROH's website.
- I certify that I have not been convicted of an indictable offence.
- I agree to maintain the currency of my First Aid Certificate and Professional Indemnity Insurance.

Signed _____ Date _____

