

REFLEXOLOGY NEW ZEALAND INCORPORATED
INTERNATIONALLY TRAINED or NON RNZ ACCREDITED SCHOOLS
MEMBERSHIP APPLICATION FORM



FORM B – PROFESSIONAL

*Please print clearly

Member Number
Office use only

*Complete both pages

Title	_____	Postal address	_____
First name	_____	PO Box number	_____
Middle name	_____	Number / Street	_____
Surname	_____	Suburb	_____
Date of Birth	_____	City	_____
Home phone number	_____	Postal code	_____
Work phone number (if different)	_____	E-mail address	_____
Mobile	_____		_____
Occupation	_____		_____
Nationality	_____		_____

Membership is Existing New

Reflexology School of Training _____

Training Duration _____

Regional Group Member Yes / No Regional Group

Please note if you have trained outside New Zealand you may be required to complete our Cultural and Ethical and Legal (CLAD) courses. www.clad.co.nz under online CPD learning

*All the above information is for RNZ. Confidentiality will be observed.

*Please be aware you are responsible for entering your clinic and contact information on the RNZ website.

INSURANCE

Reflexology New Zealand has negotiated an insurance package for members with BizCover – email reflexology@bizcover.co.nz for more details.



Check List

PROFESSIONAL MEMBERSHIP APPLICATION DOCUMENTS TO BE FORWARDED

1. Application fee \$30 (non-refundable)
2. Current First Aid Certificate (copy) Expiry Date
3. Reflexology Training Qualification Certificate / Diploma
4. Reflexology Training Outline (including hours)*

* Please understand that we must be able to verify that your course has covered all criteria required by RNZ for Professional Membership – see attached. You may supply evidence of prior learning for some modules e.g. ethics, cultural, business etc. Examples are attached as a guideline. If you have any questions or concerns with this, please don't hesitate to contact our Membership Co-Ordinator who will guide you through this process.

5. Proof of Anatomy and Physiology (hours inclusive)
6. Proof of Indemnity Insurance
7. Proof of NZ Residence (if not a NZ Citizen)

Application Fee(non-refundable)

Payment Total
(cheque or online)

Online payment to RNZ Bank Account
ASB 123050 - 0305471 - 00

Reference details to include full name

Online Transaction Date

Annual Subscription

Upon acceptance of your application for Professional Membership, you will be sent an invoice for your annual subscription of **\$150.00** by the RNZ Treasurer. Once payment is received your RNZ Certificate and Annual Practicing Certificate will be posted to you.

Please forward your completed application to:

Reflexology NZ Membership
P.O. Box 129
Kumeu
Auckland 0841
Email:membership@reflexology.org.nz

RNZ Membership Coordinator
Annamarie Huckin
Phone: 027 8111 432

I agree to participate in the RNZ Continuing Professional Development (CPD) audit program.

Date _____

Signature _____

(updated April 2017)