

REFLEXOLOGY NEW ZEALAND INCORPORATED

NEW ZEALAND RNZ ACCREDITED SCHOOLS PROFESSIONAL MEMBERSHIP APPLICATION FORM



FORM B – PROFESSIONAL

*Please print clearly

*Please complete both pages

Member Number
(Office use only)

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

Membership is New / Existing

Reflexology School of Training:

RNZ accredited Schools:

Aromaflex Academy Waikato School of Reflexology

Southern Therapies School of New Zealand Manawatu School of Reflexology

Regional Group Member: Yes/No Regional Group Name _____

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

*To have your clinic and contact information entered on the RNZ website, please forward your details to our RNZ Webmaster webmaster@reflexology.nz
The public view your clinic details ONLY.

INSURANCE

It is a requirement of RNZ membership that you obtain Professional Indemnity Insurance. Public Liability and other insurance is optional.

Our recommended insurers, Bizcover, offer an insurance package which includes Professional Indemnity Insurance.

Contact details: Email: reflexology.nz@bizcover.co.nz:

Website: <https://www.bizcover.co.nz/bizcover-and-reflexology-nz/>

Please email your name, cover commencement date, best contact number, address, and confirmation of NO known claims. A BizCover consultant will then contact you to finalise your insurance.

Check List



PROFESSIONAL MEMBERSHIP APPLICATION DOCUMENTS TO BE FORWARDED

(*For administration purposes – please forward all documents at the same time)

- | | | |
|--|--------------------------|----------------------------------|
| Application fee \$30 | <input type="checkbox"/> | |
| 1. Current First Aid Certificate (copy) | <input type="checkbox"/> | Expiry Date <input type="text"/> |
| 2. New Zealand RNZ Accredited Training School: | | |
| • Aromaflex Academy | <input type="checkbox"/> | |
| • Manawatu Reflexology | <input type="checkbox"/> | |
| • Southern Therapies School of New Zealand | <input type="checkbox"/> | |
| • Waikato School of Reflexology | <input type="checkbox"/> | |
| 3. Reflexology Training Qualification (Diploma incl A & P) | <input type="checkbox"/> | |
| 4. Reflexology Training Outline (including hours)* | <input type="checkbox"/> | |
| 5. Proof of Professional Indemnity Insurance | <input type="checkbox"/> | |
| 6. Proof of NZ Residence (if not a NZ Citizen) | <input type="checkbox"/> | |

Application Fee (non refundable) **\$30.00**
Payment Total (cheque or Online*) **\$ _____**
Online Tansaction Date: **_____**

*Online payment to RNZ Bank Account ASB 123050 – 0305471 – 00
Reference details to include your full name.

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:

Membership Coordinator
Reflexology New Zealand
PO Box 38860
Wellington Mail Centre
Lower Hutt 5045

RNZ Membership Coordinator
Email: membership@reflexology.nz

I _____ agree to participate in the RNZ Continuing Professional Development (CPD) audit program. I also agree to keep my Professional Indemnity Insurance and First Aid Certificate current.

Signature: _____

Date: _____

(updated July 2019)