

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.

*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

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:

RNZ 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.**

Date _____

Signature _____

(updated July 2019)