

REFLEXOLOGY NEW ZEALAND INCORPORATED



INTERNATIONALLY TRAINED or NON RNZ ACCREDITED SCHOOLS
PROFESSIONAL MEMBERSHIP APPLICATION FORM

Please print clearly
Please complete both pages

Member Number
(for Office use only)

Title	Street Number	_____
First name	Street Name	_____
Middle name	Suburb	_____
Surname	City	_____
Occupation	Postcode	_____
Nationality	PO Box No.	_____
Date of Birth	E-mail address	_____
Home Phone No.	Clinic Address	_____
Work Phone No.	(For RNZ website)	_____
Membership Status	Clinic Phone No.	_____
<input type="checkbox"/> New	(For RNZ website)	_____
<input type="checkbox"/> Existing		

Reflexology School of Training: _____

Training Duration: _____

Are you a member of a Regional Group? _____

Yes / No

If yes, which Regional Group do you belong to? _____

Note

- If you have trained outside of New Zealand, you may be required to complete our Cultural, Ethical, and Legal courses (CLAD). www.clad.co.nz under online CPD Learning.
- All the above information is for Reflexology New Zealand. Confidentiality will be observed.
- To have your clinic and contact information entered on the RNZ website, please forward your details to the RNZ Webmaster webmaster@reflexology.nz. The public can only view your clinic details.

INSURANCE

- It is a requirement of RNZ membership that you obtain Professional Indemnity Insurance.
- Public Liability and other insurance are optional.
- Our recommended insurers are, BizCover, they offer an insurance package which includes Professional Indemnity Insurance.

Contact

Email: reflexologynz@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

(Documents to be forwarded with application)



Before submitting your application, please ensure that:

- You have fully completed the application form.
- You have all the documents listed below.

1. Confirm I have paid the non-refundable \$30 application fee
2. Current First Aid Certificate (copy) Expiry Date _____
3. Reflexology Training Diploma/Certificate (copy)
4. Reflexology Training Outline (including hours*)
5. Anatomy & Physiology Diploma/Certificate (copy)
6. Proof of Professional Indemnity Insurance
7. Proof of NZ Residence (if not an NZ Citizen)

*Please understand that we must be able to verify that your course has covered all the criteria required by RNZ for Professional Membership. You may supply evidence of prior learning for some modules (e.g.) ethics, cultural, business etc. If you have any questions or concerns regarding this, please do not hesitate to contact our Membership Coordinator who will guide you through the process.

Please email your completed application form and supporting information to the Membership Coordinator.
Email: membership@reflexology.nz

Online payments to be made to:

Reflexology New Zealand
ASB Bank Account No. 12-3050-0305471-00
Please enter your full name in the reference field.

Application Fee (non-refundable)	\$30.00
Payment Total	\$ _____
Online Transaction Date:	_____

Annual Subscription

Upon acceptance of your application for Professional Membership, the Treasurer of RNZ will send you an invoice for your annual subscription of **\$200.00**. Once payment is received your Accreditation and Annual Practicing Certificates will be posted to you.

Please email your completed application form and supporting information to the Membership Coordinator.
Email: membership@reflexology.nz

Professional Members Agreement

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.

By completing the above, I agree to this information being held by RNZ as set out in the Society’s Rules.

Signature: _____ Date: _____