

Application for Membership to Acupuncture NZ



Full, Associate and Academic Associate

Personal details *(all sections must be completed in English)*

Title: Mr Ms Mrs

Gender: Male Female

Family / Surname

Given / Fore names

English name / called

Name to appear on AcNZ Certificate

Date of birth *(dd/mm/yyyy)*

Place of Birth

Type of Visa held

Date of entry into New Zealand

Date of New Zealand Residency

Date of New Zealand Citizenship

Currently working? Yes No

I wish to start practising on dd / mm / yyyy

Contact Details:

Personal Contact details:

Home address:

Postal address *(if different from home address)*

Postcode _____

Postcode _____

Home phone _____

Mobile phone _____

Email address _____

Clinic Details:

I agree to have my name, clinic address and phone number listed on the Acupuncture NZ website: Yes No

Clinic Name _____

Clinic Email (if different from above): _____

Clinic website _____

Clinic Address 1

Clinic Address 2

Postcode _____

Postcode _____

Clinic Phone _____

Clinic Phone _____

Study or Training in Acupuncture and/or Traditional Chinese Medicine

Title of qualification (1)

Country of qualification

Name of University / College

Year started:

Year completed:

Number of supervised clinical hours completed (*evidence must be provided*) _____

Title of qualification(2)

Country of qualification

Name of University / College

Year started

Year completed

Number of supervised clinical hours completed (*evidence must be provided*) _____

Title of qualification (3)

Country of qualification

Name of University / College (1)

Year started:

Year completed:

Number of supervised clinical hours completed (*evidence must be provided*) _____

All other qualifications, memberships and clinical experience

Please list any and all other related qualifications

Please list any other therapies practised

What is your first language? (*Please tick*)

English Chinese Korean Japanese Other _____

Please give details of any English language qualification/s held (eg IELTS)

Are you a member of any other Acupuncture / TCM Organisation? Yes No

If yes, please give the name/s of the other organisation/s

Please provide a brief summary of clinical experience since graduation

Declaration of Fitness to Practise

- Have you ever been found guilty of a criminal offence Yes No
- Have you ever been the subject of a complaint to the Health and Disability Commissioner? Yes No
- Have you ever had your right to practice cancelled? Yes No
- Have you ever been expelled from any other Professional Association? Yes No
- Do you have any case or pending enquiry against you that may affect your acceptance to join Acupuncture NZ? Yes No

If you have ticked “yes” to any of the above please provide all details on a separate page.

Declaration:

I hereby apply to be admitted as a member of Acupuncture NZ (also known as NZ Register of Acupuncturists). As a member, I agree to abide by the Rules and the Code of Professional Ethics as well as any other regulations and enactments.

I, _____ declare that the information I have provided and the accompanying documents are true and correct in every respect.

Signature: _____

Date: (dd/mm/yy) _____