

# 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

Legal 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 and full clinic details 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

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Please provide a brief summary of clinical experience since graduation

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**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 agree to receive communications from Acupuncture NZ by postal mail and electronically.

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

Signature: \_\_\_\_\_

Date: (dd/mm/yy) \_\_\_\_\_