



"The Association that Supports Statutory Registration"

APPLICATION for ANTA MEMBERSHIP

Title: Mr Mrs Miss Ms Other: (circle)	[Office Use Only] Date Received:
--	---

Surname:	Given Names:
-----------------	---------------------

Residential Address: (Tick if postal) <input type="checkbox"/> Street Number Street Name Suburb/Town..... State Postcode Telephone..... Mobile	Clinic Address: (if more than one clinic please include on a separate sheet) Shop Number (if applicable) Street Number Street Name Suburb/Town State Postcode..... Phone
---	---

Date of Birth:	Place of Birth:
-----------------------------	------------------------------

PO Box (if applicable): Suburb/Town..... State Postcode	Email
--	-----------------------------

MODALITIES AND MEMBERSHIP LEVELS (✓ membership level adjacent to modality/ies)

Modalities	(✓box)	Membership Level		Modalities	(✓box)	Membership Level	
		Member (A)	Member			Member (A)	Member
Acupuncture*			<input type="checkbox"/>	Musculoskeletal Therapy			<input type="checkbox"/>
Aromatherapy		<input type="checkbox"/>		Myotherapy			<input type="checkbox"/>
Ayurvedic Medicine			<input type="checkbox"/>	Naturopathy			<input type="checkbox"/>
Chinese Herbal Medicine*			<input type="checkbox"/>	Nutrition			<input type="checkbox"/>
Counselling		<input type="checkbox"/>		Oriental Remedial Therapy			<input type="checkbox"/>
Herbal Medicine (Western)			<input type="checkbox"/>	Remedial Therapy			<input type="checkbox"/>
Homoeopathy			<input type="checkbox"/>	Shiatsu Therapy			<input type="checkbox"/>
* Practitioners must be registered with the CMBA				TCM Remedial Massage (AnMoTuiNa)			<input type="checkbox"/>

Please debit my Mastercard / Visa (circle one) for membership (Note – one fee covers all modalities)	Enter Membership amount (see page 6 for fees): \$
Plus non-refundable application fee (not applicable to 1 st Year Graduates)	\$ 110.00
Credit Card Number ____/____/____/____	
Expires: Month..... Year.....	
TOTAL	\$
CCV Number (last three numbers on reverse of card):	
Cardholder's Name:..... Signature:	



AUSTRALIAN NATURAL THERAPISTS ASSOCIATION LTD

ABN 68 000 161 142

"The Association that Supports Statutory Registration"

PROVIDE DETAILS OF COURSE(S) COMPLETED:

Note: ANTA, Health Funds and WorkCover authorities do not recognise undergraduate courses delivered by Distance Education

I have checked that the course(s) I have completed is on ANTA's "Recognised Course List" (see ANTA website www.anta.com.au)

Course Provider

Address

Course Name

Qualification/Award

Date Course Started

Date Course Completed

ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS:

- ▶ **Certified** copy of Academic Transcript(s)
- ▶ **Certified** copy of Qualification(s) (Diploma, Advanced Diploma, Degree)
- ▶ **Certified** copy of passport or other government issued photo ID
- ▶ Copy of CMBA registration if applying for the modalities of Acupuncture and/or Chinese Herbal Medicine

*All documentation **must be certified by a Qualified Person** (see attached list) as being a "true copy of the original document".*

If you are applying with an overseas qualification, you will be required to have your qualification evaluated for equivalency in order to become a member, e.g. by Vetassess.

CONTINUING PROFESSIONAL EDUCATION (CPE):

You will be required to provide evidence of 20 hours of CPE for the previous calendar year unless you are applying for membership as a 1st Year Graduate. For example, if you graduated more than 12 months prior to application, we require evidence of 20 hours of CPE for the previous calendar year.

PROFESSIONAL INDEMNITY INSURANCE: (MUST BE ANSWERED)

ANTA and Health Funds require members to have Professional Indemnity insurance cover of at least \$2,000,000 (\$5,000,000 for Acupuncture and Chinese Herbal Medicine) and at least \$10,000,000 Public Liability insurance.

(Include a copy of insurance certificate of currency with your application)

or

I agree to take out Professional Indemnity Insurance cover upon acceptance as an ANTA member. For further information and to obtain a quote, contact Guild Insurance (ANTA's preferred supplier of insurance) on 1800 810 213.

Applicant's Signature.....



FIRST AID:

ANTA membership (and Health Funds if applicable) require members to have a current First Aid qualification: HLTAID003 or subsequent update.

Details of First Aid certificate:

First Aid Course Provider

First Aid certificate expires

(include a copy of your First Aid certificate with your application)

POLICE CHECK/WORKING WITH CHILDREN CHECK

ANTA membership (and Health Funds if applicable) require members to have a current Police Check or Working with Children Check. It is important to understand that our minimum requirement is the Police Check, but it is a legislative requirement for anyone working with anyone under the age of 18, whether or not a parent is present, to have the correct clearance for working with children.

(include a copy of your Police Check or Working with Children Check with your application)

ENGLISH PROFICIENCY

If English is not your first language, please provide evidence of Proficient English language skills at IELTS Level 7 (or equivalent) for each of the four test components (reference "immi.homeaffairs.gov.au").

CHINESE MEDICINE BOARD OF AUSTRALIA REGISTRATION: (IF APPLICABLE)

Registration Number for Acupuncture:

Registration Number for Chinese Herbal Medicine:

OTHER MEMBERSHIP: (MUST BE ANSWERED)

I am currently a member of the following association/s and/or have previously been a member of the following association/s *(IF APPLICABLE)*

Association Name:

Current Status: Member / Student / Former Member (please circle)

If you have been a previous member of ANTA [includes Student membership], please fill in details below:

Membership level **Membership Number**

Period of Membership

COMMONWEALTH OF AUSTRALIA

STATUTORY DECLARATION

Statutory Declarations Act 1959

I, (name of person making declaration),
do solemnly and sincerely declare:

1. I am the person named in this declaration.
2. This membership application is made on the basis of the truth and correctness of all information supplied.
3. **I have not been convicted of a criminal offence in Australia or overseas punishable by law and hereby authorise the Australian Natural Therapists Association Ltd (ANTA) to make inquiries as necessary.**
4. I have not had my name suspended or removed from any register, professional association, health fund or WorkCover authority for any misconduct, transgression, offence, fraudulent activity or any other reason.
5. I understand that membership renewal is subject to the provision that all claims, actions, circumstances and events which could/may/does result in any claims being made or any actions taken against myself must be reported immediately to the ANTA.
6. I acknowledge that ANTA may, in its absolute discretion, grant or refuse membership without assigning any reason therefore.
7. If accepted as a member of ANTA, I agree to be bound by the Constitution, Code of Professional Ethics and regulations established from time to time by ANTA and ANTAB.
8. I authorise ANTA to provide health funds and WorkCover Authorities with information in relation to my provider registration and status and agree to abide by health fund terms and conditions.
9. I understand that it is a requirement for all members of ANTA practising in Australia with English as a second language to be able to communicate in English both orally and in written form. I declare that I am able to communicate in English both orally and in the written form and have attached an IELTS Level 7 (or equivalent) document to my application
10. Any undergraduate course/s I have completed were not undertaken substantially by distance education, on-line or by external modes.
11. ANTA may share your data with third parties who provide services on our behalf. All our third-party service providers are required to take appropriate security measures to protect your data in line with our policies. ANTA do not allow them to use your data for their own purposes. ANTA permit them to process your data only for specified purposes and in accordance with our instructions. ANTA may also share your personal data with third parties if ANTA are under a duty to disclose or share your personal data in order to comply with any legal obligation, or to protect the rights, property or safety of our site, our users, and others. Where your data is shared with third parties, ANTA will seek to share the minimum amount necessary.
12. **Note – this clause only applies to Graduates who have completed the Diploma of Remedial Massage HLT50307 or equivalent and are applying for accreditation in Remedial Massage and health fund provider recognition.**

The foundation/structure of the Diploma of Remedial Massage course (excluding Certificate IV) I enrolled in was in effect and deemed by the course provider to be:

(tick one box below) – ***MUST BE COMPLETED***

- 12 months full-time course (note – a course that commences in the early part of the year with continuous attendance/study and finishes near the end of the year is deemed to be a 12 month full-time course); or
- 18 months part-time course; or
- Of lesser actual course time than above as a result of credits or recognition of prior learning shown on my academic statement/transcript

Note – Lesser actual course time can be accepted if supported by credits and recognition of prior learning shown on the academic statement/transcript.

A minimum of 20% of the course content contained clinical training including practical course components – surface anatomy, palpation, clinical examination, assessment of conditions, treatment plans, tactile therapies, massage techniques and other associated therapeutics and techniques were conducted on the college campus and supervised by a trainer with appropriate qualifications.

And I make this solemn declaration by virtue of the *Statutory Declarations Act 1959*, and subject to the penalties provided by that Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

..... (signature of person making declaration)

Declared at..... (place)

the day of 20..... (year)

Before me..... (full name)

Signature.....
(person who can certify documents)

Address.....

Telephone



IMPORTANT INFORMATION FOR APPLICANTS

It is essential the application is fully completed and all supporting documentation supplied is certified as required. Applications are assessed on the information supplied and the following checklist is provided for your convenience.

If an application is incomplete, has missing information or non-certified documentation it can delay processing.

APPLICANTS CHECKLIST (To ensure application is fully completed)

- | | |
|--|--|
| <input type="checkbox"/> Checked that course completed is on ANTA's "Recognised Course List" (see website www.anta.com.au) | <input type="checkbox"/> Copy of CMBA registration if applying for Acupuncture and/or Chinese Herbal Medicine |
| <input type="checkbox"/> Application form fully completed | <input type="checkbox"/> Evidence of 20 CPE hours for previous calendar year if not a 1 st Year Graduate |
| <input type="checkbox"/> Correct membership fee included | |
| <input type="checkbox"/> Cheques made payable to ANTA | |
| <input type="checkbox"/> Certified copy of Academic Results | <input type="checkbox"/> Statutory Declaration completed |
| <input type="checkbox"/> Certified copy of Qualifications | <input type="checkbox"/> Copy of Professional Indemnity Insurance Certificate of Currency
<i>*Note: A minimum of \$2m PI Insurance is required for ANTA and Health Fund Registration (and \$5m PI Insurance is required for CMBA/AHPRA Acupuncture and/or Chinese Herbal Medicine registration) and a minimum of \$10m cover for Public Liability for all members</i> |
| <input type="checkbox"/> Certified copy of passport, or other government issued photo ID | |
| <input type="checkbox"/> Copy of a First Aid qualification, HLTAID003 or higher | |
| <input type="checkbox"/> Copy of Police Check <u>or</u> Working with Children Check | |
| <input type="checkbox"/> Copy of IELTS Level 7 (or equivalent) English Language Proficiency document (where applicable) | |

PERSONS WHO CAN CERTIFY DOCUMENTS

- | | |
|---|-----------------------------------|
| ✓ Accountants and Registered Tax Agents | ✓ Australian Consular or Diplomat |
| ✓ Bank Managers | ✓ Barristers and Solicitors |
| ✓ Clerks of Courts | ✓ Commissioner of Affidavits |
| ✓ Commissioner for Declarations | ✓ Members of Parliament |
| ✓ Judges | ✓ Justice of the Peace |
| ✓ Police Officers | ✓ Postal Managers |
| ✓ Pharmacists | |



ANTA APPLICATION & MEMBERSHIP FEES

(all amounts include 10% GST)

Membership Fees Payable with Application:

The fees below are payable on submission of application for membership and cover the period ending 31st December. (Note – one fee covers all modalities)

Member (A) Level:

Member (A) (1 st Year Graduate)	
if applying for membership between Jan – June	\$110.00
if applying for membership between July – Dec	\$ 66.00

Member (A) (not a 1 st Year Graduate)	
if applying for membership between Jan – June	\$185.00
if applying for membership between July – Dec	\$111.00

Member Level:

Member (1 st Year Graduate)	
if applying for membership between Jan – June	\$110.00
if applying for membership between July – Dec	\$ 66.00

Member (not a 1 st Year Graduate)	
if applying for membership between Jan – June	\$330.00
if applying for membership between July – Dec	\$198.00

Application Fee Payable with Application

payable by all applicants except 1st Year Graduates \$110.00

Annual Membership Renewal Fees Payable on Renewal of Membership:

Membership fees are from 1st January to 31st December. The annual membership renewal fees outlined below are due and payable by the 31st December.

Member (A) \$185.00 (covers all modalities)

Member (not a 1st Year Graduate) \$330.00 (covers all modalities)

Fellow \$495.00 (covers all modalities)

(ANTA Members can apply to upgrade to Fellow after 2 years of membership and proof of academic and/or professional practice, provided they have a minimum qualification of a Degree recognised by ANTA)



REQUIREMENTS & MINIMUM QUALIFICATIONS FOR ANTA MEMBERSHIP

Applications for membership are reviewed and assessed by a panel of the Australian Natural Therapists Accreditation Board (ANTAB).

Applications are reviewed and assessed in accordance with ANTA membership requirements (subject to change as determined by ANTA) at the time of application.

Documents required to be certified should state: *"This is a true copy of the original document"* and be signed by a person who is authorised to certify documents.

Note: ANTA, Health Funds and WorkCover authorities do not recognise undergraduate courses delivered by Distance Education

MEMBER (A) (Minimum Qualifications: Diploma – ANTA Recognised Course)

(Note – one fee covers all modalities)

Member (A) level is available in the following modalities:

Aromatherapy	Oriental Remedial Therapy
Musculoskeletal Therapy	Shiatsu Therapy
Myotherapy	TCM Remedial Massage
Remedial Therapy	

MEMBER (Minimum Qualifications: Advanced Diploma – ANTA Recognised Course)

(Note – one fee covers all modalities)

Member level is available in the following modality:

Ayurvedic Medicine

MEMBER (Minimum Qualifications: Degree – ANTA Recognised Course)

(Note – one fee covers all modalities)

Acupuncture #	Naturopathy
Chinese Herbal Medicine #	Nutrition
Homeopathy	Western Herbal Medicine

Please note that CMBA Registration is required for these modalities

* Members of ANTA are eligible to apply for an upgrade to Fellow Membership level after 2 years membership and proof of academic and/or professional practice, provided that they have a minimum qualification of Degree from a recognised course listed on the ANTA Course List.