REFLEXOLOGY NEW ZEALAND INCORPORATED

NEW ZEALAND RNZ ACCREDITED SCHOOLS PROFESSIONAL MEMBERSHIP APPLICATION FORM



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*Please print clearly		Member Number							
*Please complete both p	oages	(Office use only)							
Title		Postal address							
First name		PO Box number							
Middle name		Number / Street							
Surname		Suburb							
Occupation		City							
Nationality		Postal code							
Date of Birth		E-mail address Clinic details for							
Home phone number									
Work phone		website address,							
number (if different)		telephone number							
Membership is	New / Existing								
Reflexology School o	of Training:								
RNZ accredited Scho	ools:								
Aromaflex Academy		Waikato School of Reflexology							
Southern Therapies Sch	ool of New Zealand	Manawatu Schoo	ol of Reflexology						
Regional Group Membe	r: Yes/No Regi	onal Group Name							
*All the above informati	ion is for RNZ. Confider	ntiality will be observed.							
*Please be aware you ar	e responsible for enterin	g your clinic and contac	t information on the RNZ						

The public view your clinic details ONLY.

Please contact the webmaster if you need assistance webmaster@reflexology.org.nz

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 a insurance package which includes Professional Indemnity Insurance.

Contact details: reflexologynz@bizcover.co.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.

website.

(updated April 2017)

PROFESSIONAL MEMBERSHIP APPLICATION DOCUMENTS TO BE FORWARDED



(*For administration purposes – please forward all documents at the same time)

Application fee \$30	
Current First Aid Certificate (copy)	Expiry Date
New Zealand RNZ Accredited Training School:Aromaflex Academy	
 Manawatu Reflexology 	
 Southern Therapies School of New Zealar 	nd
 Waikato School of Reflexology 	
3. Reflexology Training Qualification Certificate / Diplor	ma
4. Reflexology Training Outline (including hours)*	
5. Proof of Professional Indemnity Insurance	
6. Proof of NZ Residence (if not a NZ Citizen)	
Application Fee (non refundable) \$30.00 Payment Total (cheque or Online*) \$ Online Tansaction Date: *Online payment to RNZ Bank Account ASB 123050 – 0 Reference details to include your full name.	 305471 – 00
Annual Subscription Upon acceptance of your application for Professional Me your annual subscription of \$150.00 by the RNZ Treasu Certificate and Annual Practicing Certificate will be poste	rer. Once payment is received your RNZ
Please forward your completed application to:	
Reflexology NZ Membership P.O. Box 129 Kumeu Auckland 0841	RNZ Membership Coordinator Annamarie Huckin Phone: 027 8111 432 Email:membership@reflexology.org.nz
I agree to Professional Development (CPD) audit progr Professional Indemnity Insurance and First Aid Co	
Signature:	
Date:	