



APPLICATION for ANTA MEMBERSHIP (Accreditation Included at No Extra Cost)

| | |
|---------------------------------------|---|
| Title: Mr Mrs Miss Ms (circle) | <i>[Office Use Only]</i> Date Received: |
|---------------------------------------|---|

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

| | |
|---|--|
| Residential Address: (Tick if postal) <input type="checkbox"/> Street..... Suburb/Town..... State..... Postcode..... Telephone..... Facsimile..... Mobile..... | Clinic Address: (Tick if postal) <input type="checkbox"/> Street..... Suburb/Town..... State..... Postcode..... Telephone..... Facsimile..... Mobile..... |
|---|--|

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

| | |
|--------------------------------------|--|
| PO Box (if applicable): | Email <input type="checkbox"/> <i>Please tick if you wish to receive info by ANTA e-News</i> |
| Suburb/Town..... | |
| State..... | |

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

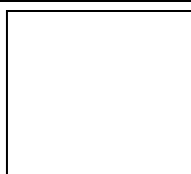
| Modalities | (✓box) | Membership Level | | Modalities | (✓box) | Membership Level | |
|--|--------|--------------------------|--------------------------|----------------------------------|--------|--------------------------|--------------------------|
| | | Member (A) | Member | | | Member (A) | Member |
| Acupuncture* | | | <input type="checkbox"/> | Musculoskeletal Therapy | | <input type="checkbox"/> | <input type="checkbox"/> |
| Aromatherapy | | <input type="checkbox"/> | | Myotherapy | | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Oriental Remedial Therapy | | <input type="checkbox"/> | |
| Herbal Medicine (Western) | | | <input type="checkbox"/> | Remedial Therapy | | <input type="checkbox"/> | <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"/> | |

| | |
|--|-----------|
| Enclosed is my cheque / money order for membership (<i>see Membership Fees</i>) (Note – one fee covers all modalities) | \$ |
| plus non refundable application fee (<i>not applicable to 1st Year Graduates</i>) | \$ 110.00 |
| (Please do not send cash) | |
| TOTAL | \$ |

OR

| | |
|--|-----------|
| Please debit my Mastercard / Visa (circle one) for membership (Note – one fee covers all modalities) | \$ |
| plus non refundable application fee (<i>not applicable to 1st Year Graduates</i>) | \$ 110.00 |
| Credit Card Number _____ / _____ / _____ / _____ | |
| Expires: Month..... Year..... | |
| TOTAL | \$ |
| CCV Number (<i>last three numbers on reverse of card</i>): | |
| Cardholder's Name:..... Signature: | |

Please staple passport size photo here →



Photograph must be certified on the reverse by a Qualified Person stating:

"This is a true likeness of " (applicant)



"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-size photograph (attach to front of application)
- ▶ 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".

All documentation supplied must be in English or accompanied by an English translation certified by an Australian Government accredited translation service.

CHARACTER REFERENCES (TWO REQUIRED):

Include with your application two written character references.

PROFESSIONAL INDEMNITY INSURANCE: (MUST BE ANSWERED)

ANTA and Health Funds require members to have at all times Professional Indemnity Insurance cover of at least \$1,000,000 (\$2,000,000 for BUPA Provider Registration), (\$5,000,000 for Acupuncture and Chinese Herbal Medicine).

Details of Professional Indemnity Insurance cover:

Insurance Company

Expires Amount of cover \$

(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 the Arthur J. Gallagher broker (ANTA's preferred supplier of insurance) in the ANTA office on 1800 817 577.

Applicant's Signature.....



FIRST AID:

To be eligible for provider status with Health Funds it is a requirement that practitioners have a current First Aid qualification: HLTFA311A, HLTAID003 or subsequent update.

Details of First Aid certificate:

First Aid Course Provider

First Aid certificate expires

(attach a copy of your First Aid certificate to your application)

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 the following association/s ***(IF APPLICABLE)***

.....

Details of previous ANTA membership [includes Student membership] ***(IF APPLICABLE)***

Membership level Period of membership.....

PLEASE PROVIDE DETAILS OF PREVIOUS CLINICAL EXPERIENCE: (IF APPLICABLE)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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 to be able to communicate in English both orally and in written form and I declare that I am able to communicate in English both orally and in the written form.
10. Any undergraduate course/s I have completed were not undertaken substantially by distance education, on-line or by external modes.
11. 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

Your application is regarded by ANTA as an important step in becoming a member of an association at the pinnacle of the profession. 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"/> Two written character references |
| <input type="checkbox"/> Correct membership fee included | <input type="checkbox"/> Statutory Declaration completed |
| <input type="checkbox"/> Cheques made payable to ANTA | <input type="checkbox"/> Copy of Professional Indemnity Insurance Certificate of Currency |
| <input type="checkbox"/> Certified copy of Academic Results | *Note: \$2m. PI Insurance is required for BUPA provider registration and \$5m. PI Insurance is required for CMBA/AHPRA Acupuncture and/or Chinese Herbal Medicine registration |
| <input type="checkbox"/> Certified copy of Qualifications | <input type="checkbox"/> Provide details of any previous clinical experience (if applicable) |
| <input type="checkbox"/> Certified copy of passport-size photo | |
| <input type="checkbox"/> Copy of a First Aid qualification HLTF311A, HLTAID003 or subsequent update | |

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 | \$165.00 |
| if applying for membership between July – Dec | \$ 99.00 |

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 (2 nd Year Graduate) | |
| if applying for membership between Jan – June | \$220.00 |
| if applying for membership between July - Dec | \$132.00 |

| | |
|---|----------|
| Member (not a 1 st or 2 nd 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 cover the period 1st January – 31st December. The annual membership renewal fees outlined below are due and payable by the 1st January (Note – early payment discounts apply when renewing membership)

| | |
|--|----------------------------------|
| Member (A) | \$165.00 (covers all modalities) |
| Member (2 nd Year Graduate) | \$220.00 (covers all modalities) |
| Member (not a 2 nd 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 | Remedial Therapy |
| Counselling | Oriental Remedial Therapy |
| Musculoskeletal Therapy | Shiatsu Therapy |
| Myotherapy | TCM Remedial Massage |

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

(Note – one fee covers all modalities)

Member level is available in the following modalities:

| | |
|---------------------------|-------------------------|
| Aromatherapy | Musculoskeletal Therapy |
| Ayurvedic Medicine | Myotherapy |
| Counselling | Naturopathy |
| Herbal Medicine (Western) | Nutrition |
| Homoeopathy | Remedial Massage |

MEMBER (Minimum Qualifications: Degree – ANTA Recognised Course)

(Note – one fee covers all modalities)

Acupuncture #
Chinese Herbal Medicine #

FELLOW (Minimum Qualifications: Degree – ANTA Recognised Course) * see below

(Note – one fee covers all modalities)

Fellow level is available in the following modalities:

| | |
|---------------------------|-------------------------|
| Acupuncture # | Homoeopathy |
| Ayurvedic Medicine | Musculoskeletal Therapy |
| Chinese Herbal Medicine # | Myotherapy |
| Counselling | Naturopathy |
| Herbal Medicine (Western) | Nutrition |

Please note that CMBA Registration is required for these modalities

* Members of ANTA are eligible to apply for an upgrade to Fellow 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.