



Membership Application Form

Name of your association/society: _____

Postal address: _____

Registered address: _____

Website: _____ Tel _____ Fax _____

Name of association representative initially nominated to have AHANZ voting rights : _____

Position: _____ Email: _____ Tel: _____

Name/s of up to two other association representatives who may attend AHANZ meetings and who may be delegated voting authority:

_____ Email: _____

_____ Email: _____

Are your association members required to:

- | | |
|---|----------|
| a) Have a relevant tertiary (or equivalent) qualification?* | YES / NO |
| b) Have a recognized system for monitoring ongoing competence? | YES / NO |
| c) Abide by professional standards of practice? | YES / NO |
| d) Abide by a professional code of ethics? | YES / NO |
| e) Have direct contact with service users in fulfilling their role? | YES / NO |
| f) Have a robust public complaints process | YES / NO |

* as defined in s12 (2) (a-e) of the HPCA Act 2003 (see over)

If YES, to above questions, name the qualification: _____
and attach copies of the professional standards of practice, code of ethics and public complaints process.

If NO, to the above questions, does your association represent the interests of one or more of the allied health professions represented in [Allied Health Aotearoa New Zealand](#) and have registration in accordance with Part 4 S.14 of the Employment Relations Act 2000? YES / NO

Please state your income from membership fees (including all categories of membership) for the last full financial year and enclose copies of your latest annual accounts: \$ _____

(continued over)

For completion by nominated representative of association applying for membership:

_____ **Name of applying association:** agrees to abide by the
[Allied Health Aotearoa New Zealand](#) Constitution

Signed: _____ Name: _____

Position: _____

Date: _____

For AHANZ use only:

Application: Approved / Not approved

Membership Category: Full / Associate / SP

Signed: _____ AHANZ Chair Date: _____

Extract from Health Practitioners Competence Assurance Act 2003

Section 12 (2) (a-e)

12 Qualifications must be prescribed

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

- a. a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad;
- b. the successful completion of a degree, course of studies, or programme accredited by the authority;
- c. a pass in a specified examination or any other assessment set by the authority or by another organization approved by the authority;
- d. registration with an overseas organization that performs functions that correspond wholly or partly to those performed by the authority;
- e. experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

Please send completed form and supporting documentation to:

Chief Executive Officer, Allied Health Aotearoa New Zealand, PO Box 5262, Lambton Quay, Wellington. 6145 or e-mail execdirector@alliedhealth.org.nz

Checklist:

- Your completed application form

- A letter of support from your association's governing body
- Copies of your professional standards of practice and code of ethics
- A copy of your most recent annual accounts