

# AAPA Australasian Ayurvedic Practitioners Association

## APPLICATION TO JOIN AAPA or RENEW MEMBERSHIP

*A non profit organisation*

P. O. Box 2070 Southport BC Queensland Australia 4215 Ph: 61 (0) 7 5531 0511 [aapa@onthenet.com.au](mailto:aapa@onthenet.com.au)

<input type="checkbox"/> <b>New Application</b> (Once off Joining Fee \$10)	<input type="checkbox"/> <b>Renewal</b> Membership No. _____
<input type="checkbox"/> <b>\$85 - Level 1.</b> Practitioner	<input type="checkbox"/> <b>\$55 - Level 2.</b> Lifestyle Consultant
<input type="checkbox"/> <b>\$25 - Level 3.</b> Associate/Trainee/Friendship	

### **PART A – PERSONAL DETAILS** (to be clearly filled in by all three levels of new applications or renewals for membership)

Full Name .....Date of Birth .....

Postal Address .....

..... State ..... Postcode .....

Home Phone ( ) .....Business Phone ( ) ..... Mobile .....

Fax ( ) .....Email.....

My particular area of interest in Ayurveda.....

### **(Level 1 & 2 only – Level 3 go straight to part F)**

The following two (2) written character references are attached separately.  
(Give names, professional standing and telephone number)

i. ....

ii. ....

Please give details of any criminal record.....

1. All relevant documentation must accompany your Application, which cannot be processed unless all questions are answered in full. (Write N/A if not applicable). An applicant can only apply for ONE level of membership on any one application at a time. If all relative information as requested has been sent correctly with this application, process can take upwards to 60 days.
2. Photocopies of all documents (courses etc.) which you are claiming for qualifications must accompany this application, with a signed statutory declaration where necessary. Letters supporting clinical hours/practical experience should also be attached.
3. Approval of new membership and/or upgrading etc. shall be at the discretion of the Board of Management.
4. Applicants must not describe themselves under the membership level being sought, until such time as official notification is received from the AAPA of confirmation.
5. Applicants are requested to supply two (2) current character references from persons who have known you for more than two years, other than family. Persons of good professional standing are preferred.
6. With this application, applicants should supply a copy of their birth certificate/passport/drivers licence or other identification.
7. Application fees (where applicable) must accompany this application (by way of cheque made out to AAPA). Where the association has rejected an application, fees paid will be returned in full, less a small administrative fee.

### **PART B – QUALIFICATIONS (Levels 1 & 2)**

On separate paper please provide details and supply photocopies of all your relevant documentation.

If you have no documented evidence could you please provide a letter certified by a Justice of Peace, that the training, and/or work history you have detailed is true and correct.

When listing your qualifications, indicate the duration of course or hours of study. Support material to be provided.

1. List General Qualifications: Include training institute name & address, date graduated, subjects studied, duration of course/total hours of training
2. List Ayurvedic Qualification: Include training institute name & address, date graduated, subjects studied, duration of course/total hours of training
3. List Ayurvedic Workshops/Weekend Seminars Etc. attended: Include qualification, training institute name & address, dates of events, subjects studied, duration of course/total hours of training
4. For Level 2 Lifestyle Consultant Members, please indicate details of training in Western Anatomy and Physiology: Include

qualification, training institute name & address, dates of events, subjects studied, duration of course/total hours of training  
5. First Aid: Please attach copy of current First Aid Certificate, showing Number, Organisation, and Date.

**PART C — DETAILS OF PRACTICE (Level 1 only)**

1. Work details: Add supporting material as appropriate - statutory declarations, letters or references.

i. Attach all details of relevant work (state whether Part Time or Full Time).

ii. Please detail names and addresses of work places / employers.

iii. If self-employed, please detail services provided by yourself.

2. Other Modalities practiced.....

**PART D — AFFILIATIONS**

1.Membership with other associations/ organisations: Include Qualifications, Association/Organisation name, date joined.

**PART E - AGREEMENT (levels 1 & 2)**

As a practising member of the Australasian Ayurvedic Practitioners Association Inc., I shall:

**i. Abide by Code of Ethics of the Australasian Ayurvedic Practitioners Association Inc.**

1. Honour and respect the body, mind, and spirit of my clients.

2. Serve those in need, unrestricted by considerations of nationality, race, culture, creed, politics or social status.

3. Use my knowledge and skills at all times with compassion and integrity, to provide appropriate service and support for my clients.

4. Commit to furthering my professional knowledge and skills in relation to Ayurveda, and shall continually update and extend these through the Continuing Education guidelines of the Australasian Ayurvedic Practitioners Association Inc.

5. Recognise the extent and limitations of my professional expertise, and undertake only those activities that are within my training and competence.

6. Make referrals when appropriate, and will not misrepresent myself or Ayurveda in any way.

7. Respect, honour and hold in confidence all personal information entrusted to me by my clients, except where interprofessional communications is in their best interests.

8. Be familiar with all my legal responsibilities.

9. Co-operate loyally with my ayurvedic colleagues, and members of related professions, so that the health needs of my client are met effectively.

10. Co-operate with any ethical investigations instigated by the Australasian Ayurvedic Practitioners Association Inc. and will report to the association any actions or practices that clearly violate this code.

**ii. I undertake to keep the Board of Management informed as to my change of address or relevant details.**

**iii. I agree to be bound and abide by all rules and regulations established by the AAPA.**

**iv. The foregoing information about myself, my practice, my qualifications, etc., are true and correct in every respect.**

Additionally, permission is granted by me, .....the applicant, for my name to be included in the AAPA newsletter etc, as intending to apply for membership and/or upgrading, at the Board's discretion.

Read and accepted by me on this .....day of.....year.....

**PART F - PAYMENT (levels 1, 2 & 3)**

Please find enclosed cheque/Postal note for \$.....as payment.

(Renewal Fee due 30 May annually)

Signature of Applicant .....Date.....

Mail to the Secretary of AAPA Inc. P. O. Box 2070, Southport, QLD 4215

Enquiries: Email [aapa@onthenet.com.au](mailto:aapa@onthenet.com.au) Ph: +61 0 (7) 5531 0511

**BRINGING AYURVEDA TO YOU**