



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

HAND THERAPY NEW ZEALAND ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | |
|----------------------|----------------------|------------------------|
| Title: | Name: | Date of Birth: |
| Home address: | | |
| City: | Post Code: | |
| Work address: | | |
| City: | Post Code | |
| Phone Number (Home): | Phone Number (Work): | Phone Number (Mobile): |
| E-mail: | | |

EDUCATION INFORMATION

Professional Qualification:
Year of Professional Qualification:

PARENT BODY DECLARATION

I am a current member of (please tick): Physiotherapy New Zealand (PNZ) Occupational Therapy New Zealand (OTNZ)
My membership number is:

HAND THERAPY NEW ZEALAND REGION INFORMATION

I would like to be sent information for regional meetings in (please tick one only):
 Northland Auckland Waikato- Bay of Plenty Wellington Canterbury-West Coast Otago-Southland

ACC HAND THERAPY CONTRACT

I am applying to be a named therapist on an ACC Hand Therapy Contract Yes No
If yes, who is your supervisor:

CHECK LIST

I have included (please tick)
 Annual Practicing Certificate (Physiotherapy or Occupational Therapy)
 Evidence of Professional Body Membership (PNZ or OTNZ)

PAYMENT INFORMATION

Payment has been made by Direct Credit
Bank Account Number: 03-0173-0348961-000

Reference: Please ensure you quote your name and enter "New Member" in the reference

CONSENT & SIGNATURES

I give Hand Therapy New Zealand consent to communicate with me by e-mail
I give Hand Therapy New Zealand consent to place my name, and work address, work phone number and/or work email on the "Find a Therapist" function on the Hand Therapy New Zealand website

Signature of applicant: _____ Date: _____

PLEASE SEND APPLICATION & SUPPORTING EVIDENCE TO THE HAND THERAPY NEW ZEALAND ADMINISTRATOR VIA EMAIL ADMIN@NZAHT.ORG.NZ

OFFICE USE ONLY

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|---|--|
| <input type="checkbox"/> Supporting evidence attached | <input type="checkbox"/> HTNZ Executive approved |
| <input type="checkbox"/> Payment received | <input type="checkbox"/> Welcome Letter & Membership Certificate emailed |
| <input type="checkbox"/> Details entered into website | <input type="checkbox"/> Regional liaison officer emailed member details |