



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

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):
Preferred E-mail:		

EDUCATION INFORMATION

Professional Qualification:	Year of Professional Qualification:
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BOARD & PARENT BODY DECLARATION

I hold a current Annual Practising Certificate with (please tick) NZ Physio Board NZ OT Board

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

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:

PATHWAY TO FULL REGISTERED HAND THERAPY STATUS

I am most likely to apply for Registered Hand Therapy status via Pathway 1 Pathway 2 Pathway 3

CHECK LIST

I have included a copy of the supervision agreement

PAYMENT INFORMATION

\$120 Payment has been made by Direct Credit (Note: \$60 pro-rata rate when joining on/after October 1st)

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

<input type="checkbox"/> Annual Practising Certificate checked	<input type="checkbox"/> Parent Body Membership checked
<input type="checkbox"/> Supervision agreement uploaded to member file	<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