



## AUSTRALIAN REGISTER OF HOMŒOPATHS LTD

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Website: [www.aroh.com.au](http://www.aroh.com.au)  
ABN: 69 088 314 818

### Application for Readmission to the Australian Register of Homœopaths for 2019

Your current registration with AROH expires on **31<sup>st</sup> March 2019**. Please complete this registration form and return to AROH along with all accompanying documentation by 31<sup>st</sup> March 2019. Penalties apply for late payment of fees.

Please DO NOT send this registration form without accompanying documentation and payment. Applications will not be processed until all documentation has been received. Please allow 6 weeks from the time all documentation has been received by AROH for your renewal to be processed.

#### ANNUAL FEES

**\$150** if all documents received by 31<sup>st</sup> March 2019  
**\$175** if all documents received by 30<sup>th</sup> April 2019  
**\$200** if all documents received by 31<sup>st</sup> May 2019  
(above fees include a \$50 non-refundable application fee)  
**Plus \$25** for each additional clinic address

#### PLEASE NOTE

**IF YOUR RENEWAL IS NOT RECEIVED BY 31<sup>st</sup> MAY 2019,  
YOU WILL BE REMOVED FROM THE REGISTER  
AND A RESTORATION FEE OF \$60 WILL APPLY  
THIS WILL AFFECT YOUR STATUS WITH HEALTH FUNDS**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Title: \_\_\_\_\_

Ph: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Email address is required so that AROH can contact you with important information**

Please tick if you are a member of:  AHA  AAPH  HERA  ATMS  ANTA  Other \_\_\_\_\_

I am a member of AHA and grant AROH permission to provide details of my registration to AHA Administration  Yes  No

#### Primary Clinic Address

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### Postal Address

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### Additional Clinic Addresses (for Health Fund notification) \$25 fee per address

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Attach Documents** (No staples, pins or paper clips, thank you.) I have enclosed a copy of my:-

CPD Annual Record

**The following documents are only required if you have not previously supplied a current copy to AROH.**

Current First Aid Level II or Apply First Aid Certificate, which is no more than 3 years old and **shows either completion or expiry date.** (Registered medical practitioners and nurses are exempt if a copy of current registration is supplied.)

Professional Indemnity Insurance, showing expiry date, **Homoeopathy as a modality** covered and a product liability and professional indemnity shows a minimum of \$2 million per claim

Certified copy of qualification upgrade.

## Payment

- Cheque/Money Order payable to the **Australian Register of Homoeopaths Ltd** for \$ \_\_\_\_\_  
OR
- I have arranged for direct transfer of \$ \_\_\_\_\_ to the AROH Account, BSB 182-512, Account No. 960 856 193.  
**Please ensure you quote your Surname, Initial & AROH registration number and forward a copy of the Bank's receipt for the transfer, with this application.**

## Declaration for Registration (All boxes must be ticked to acknowledge your agreement)

- (i) I have familiarised myself with AROH's Constitution, Code of Professional Conduct, Standards of Practice, Homoeoprophylaxis Statement and Complaints and Disciplinary Procedures and penalties as currently appear on AROH's website;
- (ii) I am not knowingly in breach of AROH's CoPC, SoP, or other applicable by-laws of the Board, and if this application is granted, I will attempt to comply with these rules and any changes to them notified to me;
- (iii) I have met all AROH's requirements for Continuing Professional Development during the last year of registration;
- (iv) I have not practised without appropriate professional indemnity insurance during the last year of registration, and undertake not to practise without maintaining such cover throughout the period of registration granted to this application, and to forward copies of certificates of currency to AROH at the time they are renewed;
- (v) I accept that the powers delineated in AROH's Constitution (Paragraphs 18.5-18.10) may impact on my privacy and continued registration with AROH;
- (vi) I acknowledge that in the event of professional conduct issues arising in respect to breaches of the CoPC, SoP and AROH rules including this declaration, and complaints made against me, I will be subject to AROH's complaints and disciplinary procedures and penalties that may be imposed, and I agree to submit to AROH's non-exclusive jurisdiction to deal with such matters pursuant to AROH's complaints and disciplinary procedures;
- (vii) If there have been any events recorded in my criminal history, I have provided details to AROH of each such event (excluding traffic matters) including outside Australia, whether under the current or a previous name, and I undertake to report any future events, while I remain registered with AROH;
- (viii) If I am aware of any complaint that has been made about me to a registration authority or to any entity regulating health practitioners, or having functions in providing professional services to homoeopaths or other health practitioners, I have notified AROH about any such complaints, and I undertake to report any future complaints, while I remain registered with AROH;
- ix) I do not have an impairment that affects my ability to practise in the profession;
- x) I understand that AROH registration results in my name and locality being publicly searchable, unless I have specified otherwise;
- xi) I give permission for my details to be forwarded to the health insurance funds, which recognise AROH as a provider, and understand that my file may be made available to an accredited auditor appointed by any of these health funds for the purposes of ensuring compliance with the Private Health Insurance (Accreditation) Rules'.

Signed \_\_\_\_\_ Date \_\_\_\_\_