



Application for Readmission to the Australian Register of Homœopaths for 2017

Your current registration with AROH expires on **31st March 2017**. Please complete this registration form and return to AROH along with all accompanying documentation by 31st March 2017. 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

\$140 if all documents received by 31st March 2017
\$165 if all documents received by 30th April 2017
\$190 if all documents received by 31st May 2017
(above fees include a \$30 non-refundable application fee)
Plus \$20 for each additional clinic address

PLEASE NOTE

IF YOUR RENEWAL IS NOT RECEIVED BY 31st MAY 2017, YOU WILL BE REMOVED FROM THE REGISTER AND A RESTORATION FEE OF \$50 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) \$20 fee per address

_____ **State:** _____ **Postcode:** _____

_____ **State:** _____ **Postcode:** _____

_____ **State:** _____ **Postcode:** _____

_____ **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 any complaint 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 _____