



ABN 69 088 314 818

**THE AUSTRALIAN REGISTER OF HOMOEOPATHS LTD**

122 Church Street, Wollongong NSW 2500

Phone: 0488 060 145

Email: [admin@aroh.com.au](mailto:admin@aroh.com.au)

Web address: [www.aroh.com.au](http://www.aroh.com.au)

**APPLICATION FOR AROH REGISTRATION**

When completed, please forward this form, with payment, to:  
AROH Registrar, 122 Church St, Wollongong NSW 2500

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

Date of Birth: \_\_\_\_\_

Clinic Address 1 \_\_\_\_\_ Clinic Address 2 \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Postal Address (for AROH correspondence) \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICATION FEE \$135**

(including \$50 which is not refundable if application is withdrawn by practitioner or unsuccessful)

I enclose a cheque/money order payable to the Australian Register of Homoeopaths for \$..... being my non-refundable application fee plus annual registration fee for the period ending 28<sup>th</sup> February 20.....  
OR

I have arranged a Direct Deposit to AROH Account No. 960 856 193, BSB 182-512, quoting my Surname and Initial. I enclose a copy of the Internet Transaction Receipt for the transfer.

I also enclose copies of my:-

Advanced Diploma of Homoeopathy<sup>1</sup>

Current Professional Indemnity Insurance, showing expiry date <sup>2</sup>

Senior First Aid Certificate Level II, showing expiry date <sup>3</sup>

I hereby give permission for AROH to release my clinic contact details.

<sup>1</sup> Copies of qualifications should be witnessed by a Justice of the Peace or relevant authorised notary.

<sup>2</sup> Currently registered medical practitioners need only supply proof of current medical registration and insurance documentation.

<sup>3</sup> Currently registered medical practitioners and nurses are exempt from supplying Senior First Aid Certificate, providing proof of current registration is supplied.

*I agree to be bound by AROH's rules & procedures, which include the **Code of Professional Conduct, Standards of Practice, Guidelines for Continuing Professional Development & the Homoeoprophylaxis Guidelines**, as promulgated on AROH's website.*

*I certify that I have not been convicted of an indictable offence.*

*I agree to maintain the currency of my First Aid Certificate and Professional Indemnity Insurance.*

Signed..... Date .....