



## AUSTRALIAN REGISTER OF HOMŒOPATHS LTD

PO Box 1533 Warriewood Shopping Square NSW 2102

Phone: 0488 060 145

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

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

ABN: 69 088 314 818

### APPLICATION FOR REGISTRATION To the Australian Register of Homoeopaths (ARoH)

This application maybe completed and emailed with supporting documents (in a pdf format) to:  
[admin@aroh.com.au](mailto:admin@aroh.com.au)

OR

posted to:

PO Box 1533

Warriewood Shopping Square, NSW 2102

#### STEP 1: Personal Details

Title:

Mr       Mrs       Ms       Miss       Dr       Other (Specify)

Family name / Surname: \_\_\_\_\_

First / Given Name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Previous name(s) /Maiden name: \_\_\_\_\_

(Please supply a certified copy of your Change of Name legal document if your qualifications certificate is present in another name)

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

Sex:  Male       Female

**STEP 2: Contact Details**

**Postal/Mailing Address**

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

Country: (If other than Australia) \_\_\_\_\_

**Contact number**

**Phone:** Business hours \_\_\_\_\_

**Phone:** After hours: (optional) \_\_\_\_\_

**Email:** \_\_\_\_\_

**STEP 3: Clinic Details**

**Primary Clinic Address**

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

**Additional Clinic Address (if applicable)** (if more clinics to list, continue on separate page)

1. \_\_\_\_\_

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

2. \_\_\_\_\_

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

3. \_\_\_\_\_

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

## STEP 4: Educational Qualifications

**Highest Homoeopathic Qualification:** Please tick the relevant box

- Doctorate (Homeopathy)
- Master (Homeopathy)
- Bachelor (Homeopathy)
- Adv. Diploma (Homeopathy)
- Other

**Highest Academic Qualification:** Please tick the relevant box

- Doctorate Health Science
- Doctorate
- Master Health Science
- Masters
- Bachelor Health Science
- Bachelor
- Adv. Diploma
- Other

**Qualification Details (NOTE: if the qualification is obtained overseas, it will need to be accredited by VETASSESS):**

### 1. Qualification

**Title:** \_\_\_\_\_

**Date of completion:** \_\_\_\_\_

**Name of Institution (University/College/ Examining Body):** \_\_\_\_\_

**Is the institution ARoH accredited?**  Yes  No

**Country of Institution:** \_\_\_\_\_

**If Australian, provide name of state:** \_\_\_\_\_

**If Australian, provide the AQF level:** \_\_\_\_\_

Please provide certified\* copy of the original academic transcript and qualification

(\*certified = by a Justice of Peace or relevant authorised notary)

### 2. Qualification:

**Title:** \_\_\_\_\_

**Date of completion:** \_\_\_\_\_

**Name of Institution (University/College/ Examining Body):** \_\_\_\_\_

**Is the institution ARoH accredited?**  Yes  No

**Country of Institution:** \_\_\_\_\_

**If Australian, provide name of state:** \_\_\_\_\_

**If Australian, provide the AQF level:** \_\_\_\_\_

Please provide certified\* copy of the original academic transcript and qualification

(\*certified = by a Justice of Peace or relevant authorised notary)

### 3. Qualification:

**Title:** \_\_\_\_\_

**Date of completion:** \_\_\_\_\_

**Name of Institution (University/College/ Examining Body):** \_\_\_\_\_

**Is the institution ARoH accredited?**  Yes  No

**Country of Institution:** \_\_\_\_\_

**If Australian, provide name of state:** \_\_\_\_\_

**If Australian, provide the AQF level:** \_\_\_\_\_

Please provide certified\* copy of the original academic transcript and qualification

(\*certified = by a Justice of Peace or relevant authorised notary)



## STEP 6: Professional Suitability Details

**Do you have any criminal history in Australia?**  No  Yes

If yes, please provide details on a separate sheet with explanation of circumstances

**Do you have any criminal history in another country?**  No  Yes

If yes, please provide details on a separate sheet with explanation of circumstances

**Have you previously had any registration or professional association membership cancelled, refused or suspended in Australia or overseas?**  No  Yes

If yes, please provide details on a separate sheet with explanation of circumstances

**Have you ever been the subject of a complaint or notification to any health complaints organisation, professional association or similar?**  No  Yes

If yes, please provide details on a separate sheet with explanation of circumstances

**Do you have Professional Indemnity Insurance with a minimum of \$2 million in cover for homoeopathy in any single claim?**

No  Yes

If yes, please provide certified copy of current policy

If no, please provide details on a separate sheet with explanation. Please note that your application maybe rejected if you do not commit to having a Professional Indemnity Insurance.

*Currently registered medical practitioners (AHPRA registered) need only supply proof of current medical registration and insurance documentation.*

**Do you have a current First Aid Level II certificate?**

No  Yes

If yes, please provide certified copy of current certificate

If no, please provide details on a separate sheet with explanation.

*Currently registered medical practitioners (AHPRA registered) need only supply proof of current medical registration and insurance documentation.*

## STEP 7: Declaration

I declare that:

- that the above statements/ information and the documents provided in support of this application, are true and correct and
- I am the person named in the attached documents
- I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration
- I am aware that personal information I provide may be given to a third party for regulatory purposes, consistent with the National Law
- 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
- I hereby give permission for AROH to release my clinic contact details.
- I will abide by AROH's **Code of Professional Conduct, Standards of Practice, Guidelines for Continuing Professional Development and the Homoeoprophylaxis Guidelines**, as promulgated on AROH.
- I agree to maintain the currency of my First Aid Certificate
- I agree to maintain my Professional Indemnity Insurance.
- I have enclosed/uploaded certified copies of all relevant documents (qualifications, statement of academic transcript, clinic logs, insurance, professional indemnity insurance)

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **STEP 8:** Payment Details

- Applying Feb – May **\$200**
- Applying June – August **\$170**
- Applying September - November **\$140**
- Applying December - January **\$110**

*Please note there is a Non-refundable application fee of \$50 if application is withdrawn and/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 31<sup>st</sup> March 20\_\_\_\_\_
- I have arranged Direct Deposit to AROH BSB 182-512, Account No. 960 856 193, quoting my Surname and Initial.  
**Please enclose a copy of the Internet Transaction Receipt for the transfer.**