AUSTRALIAN REGISTER OF HOMŒOPATHS LTD
PO Box 1533 Warriewood Shopping Square NSW 2102
Phone: 0488 060 145
Email: admin@aroh.com.au
Website: 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
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

_____

_____

_____

State: _____ Postcode: _____

Country: (If other than Australia) _____

Contact number

Phone: Business hours _____

Phone: After hours**:** (optional) _____

Email: _____

STEP 3: Clinic Details

Primary Clinic Address

_____

_____

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: Pease tick the relevant box

☐ Doctorate (Homeopathy)

☐ Master (Homeopathy)

☐ Bachelor (Homeopathy)

☐ Adv. Diploma (Homeopathy)

☐ Other

Highest Academic Qualification: Pease 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)

4. **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)

5. **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)

Please attach a separate sheet for listing more qualifications

STEP 5: Clinic Practicum Details (Only for Tier 1 and Tier 2 applicants)

A structured, formally assessed face-to-face direct supervision by experienced practitioners was part of your Homoeopathic qualification ☐ Yes ☐ No

Was your homoeopathic training completed prior to the year 2000 ☐ Yes ☐ No

Have you been in practice as a homeopathic practitioner prior to or since 2000 ☐ Yes ☐ No

Number of supervised face-to-face clinic hours undertaken: _____

Please include certified* clinic log sheet **(*certified = by a Justice of Peace or relevant authorised notary)**

Number of supervised initial consultations undertaken by you: _____

Please include certified* clinic log sheet **(*certified = by a Justice of Peace or relevant authorised notary)**

Number of subsequent consultations undertaken by you: _____

Please include certified* clinic log sheet **(*certified = by a Justice of Peace or relevant authorised notary)**

PLEASE ATTACH ALL SUPPORTING DOCUMENTS FOR VERIFICATION in a pdf format

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.

Do you have a current Working With Children/Vulnerable Person Check?
☐ **No** ☐ **Yes**
If yes, please provide certified copy of current certificate/card
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 agree to maintain my Working With Children/Vulnerable Person Check.
- ☐ I have enclosed/uploaded certified copies of all relevant documents (qualifications, statement of academic transcript, clinic logs, insurance, professional indemnity insurance, Working With Children/Vulnerable Person Check)

Signed_____

Date _____

STEP 8: Payment Details

☐ Applying Feb – May **$210**
☐ Applying June – August **$180**
☐ Applying September - November **$150**
☐ Applying December - January **$120**

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 31st 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.**