HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

Associate Membership Application

Applicant Information		
Title:	First and Surname:	Date of Birth:
Home address:		
City:		Post Code:
Workplace Name:		
Workplace Address:		
City:		Post Code:
Phone Number (Mobile):		Phone Number (Work):
Preferred Email: ***Please note** the email you provide is the one that will be used for all correspondence, invoicing and should be used when registering for courses/conferences.*		

Education Information	
Professional Qualification:	Year of Professional Qualification:

Board & Parent Body Declaration	
Current Annual Practicing Certificate held with (please tick) ☐ NZ Physio Board ☐ NZ OT Board	I am a current member of (please tick): ☐ Physiotherapy New Zealand (PNZ) ☐ Occupational Therapy New Zealand (OTNZ)

ACC Allied Health Contract
I am applying to work under the ACC Allied Health Contract ☐ Yes ☐ No

Supervision
Supervisor's Name and HTNZ membership number:
How many hours per week are you working in hand therapy?

Checklist
☐ I have included a copy of the HTNZ supervision agreement ☐ I have included my Annual Practicing Certificate (from PT Board or OT Board) ☐ I have included proof of Parent Body Membership (e.g receipt from PTNZ or OTNZ)

Payment Information
☐ I understand that a fee is required to be paid to complete my membership application and will pay this invoice when received

Consent & Signatures
☐ I give Hand Therapy New Zealand consent to add my details to the HTNZ Register of Members and to communicate with me by e-mail ☐ I acknowledge that Associate members are required to include the words 'Associate Hand Therapist' when providing their credentials.

Signature of applicant:	Date:
Please send completed application form & supporting evidence to admin@handtherapy.org.nz	

OFFICE USE ONLY	
☐ Annual Practicing Certificate checked	☐ Fee paid
☐ Supervision agreement provided	☐ HTNZ Executive approved
☐ Profile created	☐ Welcome Letter & Membership Certificate emailed
☐ Parent Body Membership checked	☐