



# HAND THERAPY NEW ZEALAND

## Ringaromi Aotearoa

### ASSOCIATE MEMBERSHIP APPLICATION

#### APPLICANT INFORMATION

Title:	Name:	Date of Birth:
Home address:		
City:		Post Code:
Work address:		
City:		Post Code:
Phone Number (Home):	Phone Number (Work):	Phone Number (Mobile):
Preferred E-mail:		

#### EDUCATION INFORMATION

Professional Qualification:	Year of Professional Qualification:
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#### BOARD & PARENT BODY DECLARATION

I hold a current Annual Practising Certificate 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)

#### HAND THERAPY NEW ZEALAND REGION INFORMATION

I would like to be sent information for regional meetings in (please tick one only):

Northland  Auckland  Waikato- Bay of Plenty  Wellington  Canterbury-West Coast  Otago-Southland

#### ACC HAND THERAPY CONTRACT

I am applying to be a named therapist on an ACC Hand Therapy Contract  Yes  No

If yes, who is your supervisor:

#### PATHWAY TO FULL REGISTERED HAND THERAPY STATUS

I am most likely to apply for Registered Hand Therapy status via  Pathway 1  Pathway 2  Pathway 3

#### CHECK LIST

I have included a copy of the supervision agreement

#### PAYMENT INFORMATION

\$120 Payment has been made by Direct Credit (Note: \$60 pro-rata rate when joining on/after October 1st)

Bank Account Number: 03-0173-0348961-000

Reference: Please ensure you quote your name and enter "New Member" in the reference

#### CONSENT & SIGNATURES

I give Hand Therapy New Zealand consent to communicate with me by e-mail

I give Hand Therapy New Zealand consent to place my name, and work address, work phone number and/or work email on the "Find a Therapist" function on the Hand Therapy New Zealand website

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND APPLICATION & SUPPORTING EVIDENCE TO THE HAND THERAPY NEW ZEALAND ADMINISTRATOR VIA EMAIL [ADMIN@HANDTHERAPY.ORG.NZ](mailto:ADMIN@HANDTHERAPY.ORG.NZ)**

#### OFFICE USE ONLY

<input type="checkbox"/> Annual Practising Certificate checked	<input type="checkbox"/> Parent Body Membership checked
<input type="checkbox"/> Supervision agreement uploaded to member file	<input type="checkbox"/> HTNZ Executive approved
<input type="checkbox"/> Payment received	<input type="checkbox"/> Welcome Letter & Membership Certificate emailed
<input type="checkbox"/> Details entered into website	<input type="checkbox"/> Regional liaison officer emailed member details