



International Association of Chiron Healers Inc. ABN 12 650 790 270
P.O.Box 576, Nambour QLD 4560 Australia
Phone/Fax: (Int.) +61 + 7 + 5441 6534
E-mail: secretary@iachi.com Website: www.iachi.com

CHIRON HEALING® PRACTICAL ASSESSMENT APPLICATION FORM

All applications for Chiron Healing® Practical Assessments must be made on this form, and accompanied by the appropriate application fee. Failure to comply with the correct procedure may result in delays with your assessment application.

PROCEDURE:

1. Practical Assessment Application Forms (i.e. this form) are available from **your I.A.C.H.I. Teacher**, or from **The Secretary, P.O. Box 576, Nambour, QLD. 4560**. Practical assessments are available to any person who has completed the required units of study.
2. Applicants must make arrangements to undertake practical assessment(s) with their accredited Chiron Healing® Teacher, who will inform the applicant of the date and time practical assessments are being conducted.
3. **ON THE ASSESSMENT DAY** the following procedure must be followed:
 - a) Complete Application form indicating all Levels of Practical Assessment being undertaken
 - b) Attach application fee for each assessment(s) attempted
 - c) Submit the above to your **Teacher** or the **Assessor - PRIOR TO UNDERTAKING THE ASSESSMENT(S)**

N.B. Practical assessments can only be undertaken once the application form and all fees have been received.
4. Your assessment fee is forwarded to the Treasurer for processing and a receipt issued.
5. Once the Assessment(s) process has been completed you will receive notification of the outcome:
 - a) Successful assessments - a "**Competency Certificate**" will be issued and mailed to you.
 - b) Unsuccessful assessments - the applicant will be notified of the area(s) where further improvement is required.

FEES:

For **each** level of Practical Assessment attempted there is a **\$40.00 fee** – (e.g. Level 1 practical assessment = \$40, Levels 1 & 2 practical assessments = \$80). (This payment includes the Assessor's fees.)

PERSONAL DETAILS (all applicants must complete)

Name in full: _____ Date: ____/____/____
Postal Address: _____
Town: _____ State: _____ Postcode: _____ Country: _____
Telephone (B/H): () _____ Telephone (A/H): () _____
Mobile: _____ Fax: () _____
E-mail: _____ IACHI Membership Number: _____

METHOD of PAYMENT - PAYMENT MUST BE MADE AT TIME OF APPLICATION

I hereby enclose my Assessment Application Fee of **\$40.00 per level assessed** (*excl GST - I.A.C.H.I. is not registered for GST.*)
Please tick the Level(s) of assessment you are applying for:

Chiron Healing® Practical Assessment(s) - Level 1 Level 2 Level 3 Level 4

Teachers Name: _____ No. of Levels: _____ @ \$40.00ea = TOTAL \$AUS _____

All payments must be in Australian currency. Please make cheques payable to "**I.A.C.H.I.**"

Please find enclosed my: **Cheque** **Money Order**

Or charge my credit card: **MasterCard** **Visa**

Card No.: _____ Expiry Date: _____ / _____
month year

Name on Card (print): _____ Signature: _____

For copies all Chiron Healing® Assessment Application forms and Written Competency Assessment questions, contact:
IACHI Secretary, PO Box 576, Nambour, QLD Australia 4560.

Office Use Only:
Date Received: _____ P-Levels: _____ Assessor Init: _____ Invoice No: _____