

PERSONAL DETAILS (all applicants must complete)

Name in full: _____
Address: _____
Town: _____ State: _____ Postcode: _____ Country: _____
Birth Date: Day _____ Month _____ Year _____ Gender (please tick one): Male Female
Telephone (B/H): () _____ Telephone (A/H): () _____
Mobile: _____ Fax: () _____
E-mail: _____

NOMINATION (to be completed by two Association members Or by one Association member & one current character reference written in English.)

I, _____ a member of the International Association of Chiron Healers Inc., nominate the applicant, who is personally known to me, for membership of the Association.

(Please PRINT NAME in full)

Signature of Proposer: _____ Date: _____ Membership Number: _____

I, _____ a member of the International Association of Chiron Healers Inc., nominate the applicant, who is personally known to me, for membership of the Association.

(Please PRINT NAME in full)

Signature of Seconder: _____ Date: _____ Membership Number: _____

Please tick one: Character Reference attached? Yes No

PRACTITIONER QUALIFICATION LEVEL APPLICATION REQUIRED (all applicants must complete)

Please tick one:

This is a : New Practitioner qualification application Upgrade

Please give details of current IACHI membership and qualifications:

Membership Category: _____ Practitioner Qualification: _____ Membership Number: _____

Please tick the appropriate Practitioner Qualification Level being applied for:

Chiron Healing® Practitioner Qualifications		Membership Required
<input type="checkbox"/> Practitioner Level 1 - Pre- Practitioner	<i>Provides a foundation in the basic principles & philosophies of Chiron Healing®. Does not allow the practitioner to go into professional practice.</i>	Associate Membership
<input type="checkbox"/> Practitioner Level 2 - Professional Practitioner	<i>Accredited Professional Practitioner Qualification (includes Anatomy & Physiology, Communication skills, Practice Management & First Aid)</i>	Practitioner Membership
<input type="checkbox"/> Practitioner Level 3 - Advanced Professional Practitioner		

PRACTITIONER MEMBERSHIP CATEGORY REQUIRED (all applicants must complete)

Please tick the appropriate Membership category required:

Associate Membership - required for all Practitioner Level 1 - Pre- Practitioner applications.

Practitioner Membership - required for all Practitioner Level 2 & 3 - Professional Practitioner applications.

RECOGNITION of PRIOR LEARNING

All applications for Recognition of Prior Learning (RPL) will be considered on an individual basis and will need to be submitted on the official "IACHI Recognition of Prior Learning Form". (Included in this application form on page 6 & 7)

This form is also available from the IACHI Secretary at the address listed on the front of this application.



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

RECOGNITION of PRIOR LEARNING FORM

All applications for Recognition of Prior Learning (RPL) will be considered on an individual basis and processed by the IACHI Education committee and Executive Committee.

Applications for Recognition of Prior Learning (RPL) may only be made on this form and both sides of this form must be completed and relevant documentation supporting this application must be attached.

Once the RPL process has been completed you will receive written confirmation.

Upon assessment, your application will fall into one of the following three categories:

1. Successful recognition with full subject credit transfer from a recognized institution - no challenge assessment required.
2. Challenge assessment for subject required.
3. Unsuccessful recognition or assessment - enrolment in subject is required.

A challenge assessment for RPL, if required, may be in the form of written assignment, physical demonstration, written exam or a combination of the above. A fee calculated at \$40 is incurred for each subject and should be paid prior to taking the assessment(s). This fee covers individualized attention in the preparation and marking of assessment(s) for each subject.

PERSONAL DETAILS *(all applicants must complete)*

Name in full: _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____ Country: _____

Birth Date: Day _____ Month _____ Year _____ Gender (please tick one): Male Female

Telephone (B/H): () _____ Telephone (A/H): () _____

Mobile: _____ Fax: () _____

E-mail: _____

Current Membership Category: _____ Membership Number: _____
Friend / Associate / Practitioner / Teacher or N/A

**No claims for credit (RPL) will be considered unless supported with all relevant academic documentation and submitted with this request.
ie. name of educational institution, relevant course outlines, subject descriptions,
official results transcript and /or industry experience.**

PROFESSIONAL QUALIFICATIONS

(Please give details of all relevant qualifications, and attach certified copies of documents. If insufficient space, use a separate of page)

<i>Name of College/Institution</i>	<i>Certificate/Diploma/Degree Awarded</i>	<i>Location (City, Country)</i>	<i>Years / Months of Study</i>	<i>Govt. Accredited? Y/N</i>

PROFESSIONAL MEMBERSHIPS

(Are you a member of any professional association? If so, please give details and attach copies of membership certificates.)

<i>Name of Association</i>	<i>Registration No.</i>	<i>Membership Expiry Date</i>

CURRICULM VITAE: (For Professional Practitioner applicants)

Please attach a copy of your current Curriculum Vitae (*resume*).

Please use a separate page for any further application details you wish to submit.

Please tick one: Separate page/s attached: Yes No

MASTER'S PERMISSION

As a mark of respect for the spiritual nature of Chiron Healing®, all applications for all levels of Practitioner qualifications must be accompanied by a signed request for the Master Chiron's blessing via Jan Thomas.

I, _____ respectfully request the Master Chiron's blessing
(Please PRINT NAME in full)
(via Jan Thomas) to use this level of work.

(Signature of applicant) **Date:** _____

or

I have previously applied in writing to Jan Thomas to use this level of Chiron Healing® work.

Please give details including date of request: **Date:** Day _____ Month _____ Year _____

Details: _____



International Association of Chiron Healers Inc. ABN 12 650 790 270

Secretary of I.A.C.H.I.
PO Box 576, Nambour QLD 4560, Australia
Ph: +61 7 5441 6534 Fax: +61 7 5441 6534

MEMBERSHIP APPLICATION DOCUMENTATION CHECKLIST
for Chiron Healing® Studies commenced Jan 2010

Please tick **Practitioner qualification** being applied for
and ensure **all documents listed** relevant to the qualification required are **enclosed with your application!**

Name in full: _____

PRE-PRACTITIONER QUALIFICATION (Requires Associate membership only!)

***N.B. This level **DOES NOT ALLOW** the applicant to go into professional practice

<input type="checkbox"/> Chiron 1	<input type="checkbox"/> 15 Supervised Healing sessions
<input type="checkbox"/> Chiron 1 Refresher	<input type="checkbox"/> Written Assessment Level 1
<input type="checkbox"/> Chiron 2	<input type="checkbox"/> Written Assessment Level 2
<input type="checkbox"/> Chiron 2 Refresher	<input type="checkbox"/> Practical Assessment Level 1
<input type="checkbox"/> Essences of the Ancient Civilizations Level 1	<input type="checkbox"/> Practical Assessment Level 2
<input type="checkbox"/> Communication Skills (External)	<input type="checkbox"/> Chiron's Permission
<input type="checkbox"/> Chiron Healing Discourse or Annual Gathering Attend	
<input type="checkbox"/> 20 hrs Clinic Observation OR	
<input type="checkbox"/> 10 hrs Observation AND	
<input type="checkbox"/> 5 Case Studies - 2 hrs ea	

All copies of documents certified as true copies & signed by a Justice of the Peace.

PROFESSIONAL PRACTITIONER QUALIFICATION (Requires Practitioner membership!)

***N.B. This level is required in order to commence Professional practice

<input type="checkbox"/> Pre-Practitioner Certificate (as above)	<input type="checkbox"/> Subtle Anatomy and the Family Pattern
<input type="checkbox"/> Chiron 3	<input type="checkbox"/> Essences of the Ancient Civilizations Level 3
<input type="checkbox"/> Chiron 3 Refresher	<input type="checkbox"/> Further 30 Supervised Healing sessions
<input type="checkbox"/> Chiron 4	<input type="checkbox"/> Written Assessments Level 3 and Level 4
<input type="checkbox"/> Chiron 4 Refresher	<input type="checkbox"/> Practical Assessment Level 3 and Level 4
<input type="checkbox"/> Essences of the Ancient Civilizations Level 2	<input type="checkbox"/> Practice Administration (external)
<input type="checkbox"/> Chiron on Children	<input type="checkbox"/> Anatomy & Physiology (external)
<input type="checkbox"/> Further 30 hrs Clinic Observation OR	<input type="checkbox"/> Senior First Aid Certificate (external)
<input type="checkbox"/> 10 hrs Observation AND	<input type="checkbox"/>
<input type="checkbox"/> 5 Case Studies - 4 hrs ea	<input type="checkbox"/> Chiron's Permission

All copies of documents certified as true copies & signed by a Justice of the Peace.

ADVANCED PRACTITIONER QUALIFICATION (Requires Practitioner membership!)

<input type="checkbox"/> Professional Practitioner Certificate (as above)	<input type="checkbox"/> Electives total 50 contact hours (Write them in below)
<input type="checkbox"/> Chiron Healing® Drugs and Addictions- Practicalities	<input type="checkbox"/>
<input type="checkbox"/> Gem Essences	<input type="checkbox"/>
<input type="checkbox"/> 200 Professional Practice hours	<input type="checkbox"/>
<input type="checkbox"/> Chiron's Permission	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

All copies of documents certified as true copies & signed by a Justice of the Peace.

Electives:	Contact Hours	Home Study	Total
Intuitive Development (Chrono and Chrono Too)	7.5	7.5	15
Approved Chiron Healing® Discourse Sessions (each)	7.5	7.5	15
Chiron Healing® and Drugs and Addictions- Practicalities	15	15	30
Attendance at Annual Gathering – all sessions (each)	25	25	50
Pampering the Pattern	7.5	7.5	15
Gem Essences	15	15	30
Ancient Child - Woman - Crone	15	15	30
Ancient Child – Warrior - Sage	15	15	30
Specialist Courses with Jan Thomas (hrs may vary from course to course)			(min hrs) 15
Emerging new courses (hrs may vary from course to course)			(min hrs) 15