



International Association of Chiron Healers Inc. ABN 12 650 790 270
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CHIRON HEALING® WRITTEN ASSESSMENT APPLICATION FORM

All applications for Chiron Healing® Written 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.

HOW TO APPLY:

1. Written Competency Assessment questions for each Chiron Healing® level are available from **The IACHI Secretary, P.O. Box 576, Nambour. QLD. 4560**. Assessments are available to any person who has completed the required units of study. You will be mailed a copy of the requested Assessment(s) and this Application Form.
2. Upon completion, the applicant is required to submit the following items to the **I.A.C.H.I. Treasurer, P.O. Box 509, Mt. Evelyn, Victoria. 3796** :
 - a) Completed Application form
 - b) Completed written assessment(s)
 - c) Correct fee for each assessment(s) submitted.

N.B. Assessments are unable to be processed until all fees have been received.

3. Upon receipt of your assessment(s), your payment will be processed and a receipt issued. Your written answers will then be forwarded onto the accredited IACHI assessor for marking. Once the Assessment process has been completed you will receive written 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 Written Assessment attempted there is a **\$40 application fee** – (e.g. Level 1 written assessment = \$40, Levels 1 & 2 written 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 payment 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® Written Assessment/s - Level 1 Level 2 Level 3 Level 4

Teacher's 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: _____

Send Your Completed Application and Payment To:
IACHI Treasurer, PO Box 509, Mt Evelyn, VIC Australia 3796.

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: _____ W-Levels: _____ W Date to Assessor: _____ Assessor Init: _____ Invoice No: _____