



Australian Energy School of Chiron (AESC)

International Association of Chiron Healers Inc. A0040298F ABN 12 650 790 270

Registered Office: 1002 Lydiard Street North, Ballarat 3350 Victoria Australia

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APPLICATION for CHIRON HEALING® TEACHER ACCREDITATION

- This form is to apply for official IACHI Teacher status after completing all Teacher training requirements. You must be granted official Teacher Accreditation for any Chiron Healing® course before you are permitted to teach it.
- A copy of the **IACHI Teacher Agreement** is included (for new Teachers who have not yet submitted a signed copy).
- If you have already signed and submitted an **IACHI Teacher Agreement**, please tick the appropriate box below. You do NOT need to sign another Agreement.
- If you have NOT signed and submitted an **IACHI Teacher Agreement**, you must do so now. Please sign the attached Agreement and return it to AESC with this form.
- Please include a copy of all items you have ticked in the list below. If there are items that do not apply, please do not tick the box. Incomplete applications will not be processed and will be returned to the applicant for completion.
- Applications are processed by the Australian Energy School of Chiron (AESC) then forwarded to the IACHI Executive Committee for processing. Once approved, your Chiron Healing® Teacher certificate will then be issued.

PERSONAL DETAILS (please print clearly in English)

Name in full: _____

Address: _____

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

Birth Date: Day _____ Month _____ Year _____ Gender (optional): Male Female

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

Mobile: _____ Fax: () _____

E-mail: _____

PERMISSIONS (to be completed by all applicants)

Please tick box(es) as appropriate:

- Yes, I **would** like to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.
- No, I **do not** want to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.
- Yes, I **DO consent** to my name and contact details being published in the following IACHI publications, as required:
 - Official IACHI website
 - IACHI Membership directory (*when available*)
 - Official IACHI advertising documents

OR

- No, I **DO NOT consent** to my name and contact details being published in public IACHI documents:

DECLARATION and APPLICATION

I have successfully completed the required training to become a Teacher of the following Chiron Healing® course:

_____ Name of IACHI Assessor: _____

Completed requirements (please tick all that apply and attach photocopies of all documents):

- Advanced Practitioner Qualification
- Observed this seminar in previous 12 months
- Taught under supervision for the required number of seminars and for the required % of course content
- Current First Aid Certificate (within 3 years)
- Successful Teacher assessment for this qualification
- Certificate IV Units DEL401A and DEL402A (or equivalent) or have been granted RPL for this requirement
- I have already signed and submitted the IACHI Teacher Agreement
- I have not signed an IACHI Teacher Agreement before, I have enclosed a signed copy with this form.
- I have read and agree to comply with the IACHI "Working with Children" policy (see www.iachi.com > IACHI > About IACHI).

I therefore apply for IACHI Teacher membership at this level and, upon approval, I request that the appropriate Chiron Healing® Teacher certificate be issued to me.

Signed: _____ Date: _____

SEND COMPLETED APPLICATION TO AESC:

E-mail: aesc@iachi.com or Mail to: AESC, 1002 Lydiard Street North, Ballarat VIC 3350 Australia



TEACHER AGREEMENT

I, _____ of _____

Zip/Post Code _____

have read and understand, and agree to abide by, the International Association of Chiron Healers Inc. (I.A.C.H.I.) **Rules and Statement of Purposes**, and **Code of Ethics**.

I acknowledge:

- Jan Elise Thomas as the originator of the principles, philosophies and techniques of Chiron and author of Chiron Healing® Seminar and Student Manuals.
- The copyright holder of all Chiron Healing® information and owner of registered Trademarks and Logos shown below is Cheironia Pty. Ltd., 12 Jackman Ave., Warrnambool Victoria 3280. Australia. (IACHI has a legal Agreement with Cheironia Pty Ltd for its Teachers and Practitioners to use these Trademarks under strict terms and conditions).
- I must maintain current and financial IACHI Professional membership and Teacher accreditation in order to teach Chiron Healing® courses.
- That IACHI highly recommends taking out and maintaining professional indemnity insurance with a minimum for each and every occurrence of \$1,000,000, and agree to submit details to the Association if required.

I agree to:

- my teacher status being reviewed annually.
- maintain a high standard of competence through ongoing professional development, and participate in Teacher training workshops and repeat courses as required to maintain my Teacher status.
- respect client privacy and confidentiality, and adhere to the I.A.C.H.I. Privacy Policy.
- teach and present Chiron Healing® only to the level at which I have attained IACHI accreditation, and only as written in the Cheironia Pty Ltd Chiron Healing® course manuals.
- refrain from teaching anything other than Chiron Healing® information at Chiron Healing® courses.
- use only official Chiron Healing® course manuals at all Chiron Healing® courses I conduct.
- issue one official course manual to every student attending a Chiron Healing® course, except where a student is repeating a course and has previously been issued with a current course manual.
- purchase all Chiron Healing® course manuals from Cheironia Pty. Ltd., or its authorised agent.
- never reproduce in any form whatsoever any Chiron Healing® course material without explicit written permission from the copyright holder, or as allowed by law.
- restrict use of the registered Logo and Trademarks to that directed by I.A.C.H.I. and / or the registered Trademark owner, and immediately cease to use any or all of them if requested to do so by either party.
- offer a reduced registration fee to those students repeating any course.
- issue one official "Chiron Healing® Attendance Certificate" to each student completing a course.
- cease to call myself a Chiron Healing® Teacher or to teach Chiron Healing® if (following just cause) my membership is revoked. In such case I agree to promptly return or destroy my IACHI Membership and Teacher Certificate(s).
- keep accurate and current records of all courses I conduct, including but not limited to: student attendances and contact details, levels taught, contact hours, practical work, registrations, fees paid and repeat attendances.
- **submit to IACHI (on time):**
 - **Teacher Registration fees / imposts** - within seven (7) days after the first seminar at that level has been conducted, unless alternative payment arrangements have been made. (Refer to Schedule of Teacher Registration fees.)
 - **IACHI membership dues** *N.B. Teacher status lapses if a member becomes un-financial.*
 - **Any documentation or information** requested by IACHI to maintain Teacher registration.
- **submit to AESC (within seven days of conducting a seminar):**
 - **Class List** - to include Teacher's name, Student Teacher's name (if applicable), all student names and contact details, name of seminar, location, date(s) and number of contact hours.

Registered Trade Marks:

a) Logo:



b) The words: "Chiron Healing®" and "Essences of the Ancient Civilizations®"

Signed: _____

Date: _____