



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

Registered Address: 1002 Lydiard St. Nth., Ballarat VIC 3350 Australia

Phone (Secretary): (Int) + 61 + 451 859 978

E-mail: secretary@iachi.com

APPLICATION FOR PROFESSIONAL MEMBERSHIP *Professional Practitioner / Advanced Professional Practitioner*

This is a : **New** application IACHI Membership Number: _____ (if applicable)

- This form is to be completed by all applicants for Chiron Healing® Professional Membership (*Professional Practitioner and / or Advanced Professional Practitioner*). Please use **renewal** form if renewing membership.
- Professional members receive all editions of the IACHI newsletter for the current year and are entitled to vote, to hold office, and to go into professional practice.
- All applications are processed by the Australian Energy School of Chiron (AESC) and if approved, the application is endorsed and the applicant recommended to IACHI for Professional Membership. As soon as the application process is completed, your membership certificate will be issued.
- Incomplete applications will not be processed and will be returned to the applicant for completion.

Please ensure each section is completed in full and responses are PRINTED CLEARLY IN ENGLISH.

PERSONAL DETAILS *(All applicants to complete).*

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: _____

CHECK LIST <i>(please tick as you check and complete each item listed.)</i>	Page
<input type="checkbox"/> Personal Details completed	1
<input type="checkbox"/> All completed Chiron Healing® courses listed	2
<input type="checkbox"/> Communication Skills <i>(external study)</i>	3
<input type="checkbox"/> Anatomy & Physiology <i>(external study)</i>	3
<input type="checkbox"/> Practice Administration <i>(external study)</i>	3
<input type="checkbox"/> Senior First Aid Accredited <i>(external study)</i>	3
<input type="checkbox"/> Advanced Practitioner section - <i>if applicable</i>	4 - 5
<input type="checkbox"/> RPL <i>(Recognition of Prior Learning) – if applicable</i>	6 - 7
<input type="checkbox"/> Curriculum Vitae (C.V.) attached	8
<input type="checkbox"/> Practitioner Acknowledgement signed	8
<input type="checkbox"/> Membership declaration signed	8
<input type="checkbox"/> Permissions signed	8
<input type="checkbox"/> Payment details completed and application fee attached <i>(includes a non-refundable fee of 25%).</i>	9
<input type="checkbox"/> Application Documentation Checklist	10
<input type="checkbox"/> Copies of documents attached – all course certificates, attendance and competency certificates, conference certificates, academic records, qualifications, etc. N.B. Copies of External course documents must be certified by an IACHI qualified Teacher to the effect that: “This is a true copy of the original document” .	

* Documents may also be certified by a Justice of the Peace, a Commissioner of Oaths, a Pharmacist, Police Officer, M.D., or at any Australia Post retail outlet.

EXTERNAL STUDIES

Australian students - All external courses must be Government-accredited, e.g. VET (Vocational Education and Training) or ANTA (Australian National Training Authority) course and delivered by a Registered Training Organisation, or be approved by AESC (Australian Energy School of Chiron).

International students – All external courses must be equivalent to Australian educational requirements.

Please attach copies of academic transcripts or qualifications for all courses undertaken or completed, including subject name, evidence of hours attained in each course, and the name of the educational institution.

ANATOMY & PHYSIOLOGY- *all applicants to complete*

<i>Institution Name</i>	<i>Course - Subject Name</i>	<i>Location (City, Country)</i>	<i>Date</i>	<i>No. of Hours</i>	<i>Gov't Accredited Y/N</i>

PRACTICE ADMINISTRATION - *all applicants to complete*

<i>Institution Name</i>	<i>Course - Subject Name</i>	<i>Location (City, Country)</i>	<i>Date</i>	<i>No. of Hours</i>	<i>Gov't Accredited Y/N</i>

COMMUNICATION SKILLS- *all applicants to complete*

<i>Institution Name</i>	<i>Course - Subject Name</i>	<i>Location (City, Country)</i>	<i>Date</i>	<i>No. of Hours</i>	<i>Gov't Accredited? Y/N</i>

FIRST AID - *all applicants to complete*

<i>Institution Name</i>	<i>Course - Subject Name</i>	<i>Location (City, Country)</i>	<i>Date</i>	<i>No. of Hours</i>	<i>Gov't Accredited Y/N</i>

RECOMMENDATION by TEACHER or ADVANCED PRACTITIONER

I, _____ being a current IACHI Professional Teacher / Advanced Practitioner
(Please PRINT NAME in full) (Please circle)

member, declare that to the best of my knowledge, the applicant _____
(Please PRINT NAME in full)

is an experienced Chiron Healing® Practitioner who has run a professional practice seeing clients for a minimum of 200 hours. I therefore endorse his / her application to be granted **Advanced Chiron Healing® Practitioner** status.

Name (please print): _____

IACHI Qualification: _____

Signature: _____ **Date:** _____

RECOGNITION of PRIOR LEARNING (RPL)

Recognition of Prior Learning (RPL) is granted where appropriate qualification has been attained via academic studies or appropriate industry experience. All applications for RPL are considered on an individual basis and must be submitted on the official AESC "**Recognition of Prior Learning Form**" (see pages 5 & 6 following). Applicants requesting RPL via industry experience must attach a copy of their current C.V. (Curriculum Vitae).

RPL Forms are also available online at www.iachi.com > AESC tab > Forms

N.B. Do not complete this section unless you are applying for RPL.



Australian Energy School of Chiron (AESC)
1002 Lydiard Street North Ballarat VIC 3350 Australia
Phone (AESC): (Int) + 61 + 487 901 829
E-mail: aesc@iachi.com

RECOGNITION of PRIOR LEARNING (RPL) APPLICATION FORM

COMPLETE P.6. and P.7. ONLY IF YOU ARE APPLYING FOR RPL, otherwise leave blank.

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

RPL applications are considered on an individual basis and processed by the AESC Committee. Industry experience will be given consideration, based on how relevant, recent and extensive it is, and the AESC decision is final.

Once the RPL process has been completed you will receive written notification (by mail or e-mail) of the outcome.

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

- 1. Successful** - recognition with full subject credit transfer from a recognized institution. No further assessment required.
- 2. Re-assessment required** - may be in the form of written assignment, written or oral exam, practical demonstration or a combination of the above. A fee of \$40 AUD is incurred for each subject re-assessed and must be paid prior to taking the re-assessment(s). This fee covers individual preparation and consideration of each assessment.
- 3. Unsuccessful recognition / assessment** - enrolment in subject is required.

PERSONAL DETAILS *(all applicants must complete)*

Name in full: _____

Postal Address: _____

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

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

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

Mobile: _____ Fax: () _____

E-mail: _____

Current Membership Category: _____ Membership Number: _____
Associate / Non-Professional / Professional or N/A

CURRICULM VITAE – all applicants

Professional Chiron Healing® Practitioner applicants, Advanced Chiron Healing® Practitioner applicants and those applying for RPL via Industry Experience must attach a copy of their current Curriculum Vitae (C.V.)

PRACTITIONER ACKNOWLEDGEMENT

As a mark of respect for the spiritual nature of Chiron Healing® all applicants are asked to sign the following acknowledgement:

I, _____
(Please PRINT NAME in full) acknowledge Master Chiron as the originator of all Chiron Healing® information, as channelled by Jan Thomas, and I agree to always respect and honour their work by using Chiron Healing® with integrity and to the best of my ability.

Signed: _____ Date: _____

ADDITIONAL INFORMATION?

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

Please tick one: Separate page/s attached Yes No

PERMISSIONS (to be completed by all applicants)

Please tick one of the following boxes:

- I **would** like to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.
- I **would not** like to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.

Please tick box(es) where appropriate:

- I **DO consent** to my name and contact details being published in the following IACHI documents:
- Official IACHI website Membership directory (when available)
- Any other official public IACHI advertising or documents (as required)

OR

- I **DO NOT consent** to my name and contact details being published in public IACHI documents:

DECLARATION (to be completed by all applicants)

Please read the following carefully then sign below:

I declare that the information provided in this application is true and correct.

In the event of my admission as a member, I agree to read and abide by the ***Rules of the International Association of Chiron Healers Inc.**, and its ***Code of Ethics**, and support the purposes of the Association.

I understand that I must maintain current financial membership of the International Association of Chiron Healers Inc. and abide by all contractual requirements to retain my Chiron Healing® Practitioner qualification.

I understand I must sign and submit a copy of the ***IACHI Practitioner Agreement** before being eligible for Practitioner accreditation.

**A copy of the Association's Rules, Code of Ethics and Practitioner Agreement may be downloaded from the official IACHI website at www.iachi.com*

Signed: _____
(Signature of applicant)

Date: _____

REFUND POLICY

In the event of this application not being approved for any reason whatsoever, 25% of the pre-paid application fee will be retained by IACHI to cover administration costs.

PAYMENT DETAILS

PAYMENT IS REQUIRED AT TIME OF APPLICATION

* **FEES:** Full membership year runs from 1st July - 30th June.

Tick which one applies:

- a) AUD \$150.00 for Professional membership, or
b) AUD \$92.00 **UPGRADE** from current Non-Professional m/ship to Professional membership or
c) AUD \$118.00 **UPGRADE** from current Associate membership to Professional membership

PRO-RATA FEES: (Applies from 1st January to 30th June each year)

- AUD \$75.00 for Professional Practitioner or Advanced Professional Practitioner membership
(N.B. Professional Practitioner and Advanced Professional Practitioner membership fees are the same.)

(* GST is NOT included - I.A.C.H.I. is not registered for GST.)

ALL PAYMENTS MUST BE IN AUSTRALIAN CURRENCY.

I wish to pay by: (please tick)

- PayPal.** Please make payment to chiron.payments@gmail.com and reference your name and membership category. Also send a copy of your PayPal receipt to AESC with this application form.

OR

- Please find enclosed my: Cheque Money Order
Or charge my credit card: MasterCard Visa

Please make cheques / money orders payable to: "I.A.C.H.I." or the "International Association of Chiron Healers Inc."

Card No.: _____ Expiry Date: _____ / _____ CVV No: _____

Name on Card (print): _____ Signature: _____

Send Completed Application form and Payment To:

Australian Energy School of Chiron (AESC)
1002 Lydiard Street North, Ballarat VIC 3350 Australia
Phone: (Int) + 61 + 487 901 829
E-mail: aesc@iachi.com

PLEASE NOTE: Incomplete applications will not be processed.

All applications are initially processed by the Australian Energy School of Chiron (AESC) then forwarded to the IACHI Executive Committee for Membership approval. You will be advised on the progress of your application.

For all course or training enquiries, please contact AESC, details above



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PROFESSIONAL MEMBERSHIP APPLICATION DOCUMENTATION CHECKLIST

Please tick the qualification being applied for and ensure all relevant documents, including Attendance Certificates, are enclosed with your application.

Name in full: _____

PROFESSIONAL PRACTITIONER APPLICATION (Professional membership)

<input type="checkbox"/> Chiron Healing® Level 1	Written Assessments:
<input type="checkbox"/> Chiron Healing® Level 1 Refresher	<input type="checkbox"/> Written Assessment Chiron Healing® Level 1
<input type="checkbox"/> Chiron Healing® Level 2	<input type="checkbox"/> Written Assessment Chiron Healing® Level 2
<input type="checkbox"/> Chiron Healing® Level 3	<input type="checkbox"/> Written Assessment Chiron Healing® Level 3
<input type="checkbox"/> Chiron Healing® Level 4	<input type="checkbox"/> Written Assessment Chiron Healing® Level 4
<input type="checkbox"/> Essences of the Ancient Civilizations Level 1	Practical Assessments:
<input type="checkbox"/> Essences of the Ancient Civilizations Level 2	<input type="checkbox"/> Practical Assessment Chiron Healing® Level 1
<input type="checkbox"/> Essences of the Ancient Civilizations Level 3	<input type="checkbox"/> Practical Assessment Chiron Healing® Level 2
<input type="checkbox"/> Anatomy & Physiology (External)	<input type="checkbox"/> Practical Assessment Chiron Healing® Level 3
<input type="checkbox"/> Practice Management (External)	<input type="checkbox"/> Practical Assessment Chiron Healing® Level 4
<input type="checkbox"/> Communication Skills (External)	
<input type="checkbox"/> First Aid (External)	<input type="checkbox"/> Curriculum Vitae (C.V.) attached
<input type="checkbox"/> Supervised Healing Sessions (A total of 15 hours)	<input type="checkbox"/> Copy of payment receipt attached
10 hrs Clinic Observation - either:	
<input type="checkbox"/> A total of 10 hrs Observation with one practitioner, OR	
<input type="checkbox"/> A total of 10 hours Observation with 2 or more different Practitioners OR	
<input type="checkbox"/> 7 hours Clinic Observation with one or more Practitioner(s) AND 2 case studies	

ADVANCED PROFESSIONAL PRACTITIONER APPLICATION (Professional membership)

<input type="checkbox"/> Professional Practitioner Qualification (as above)	<input type="checkbox"/> Curriculum Vitae (C.V.) attached
<input type="checkbox"/> Total Professional Practice hours – 200	<input type="checkbox"/> Copy of payment receipt attached
<input type="checkbox"/> Current Senior First Aid Certificate (within 3 years)	
<input type="checkbox"/> Chiron on Children	List Electives here (must total at least 60 hours):
<input type="checkbox"/> Subtle Anatomy and the Family Pattern	1.
<input type="checkbox"/> Chiron Healing® Drugs and Addictions – the Practicalities	2.
<input type="checkbox"/> 4 Electives from the list below (minimum 60 hours)	3.
<input type="checkbox"/> Recommendation signed	4.

Electives:	Contact Hours	Home Study	Total
a) Chiron Healing® Discourse Session – DVD – PAL format (ea)	7.5	7.5	15
b) Attendance at Annual Gathering – attend all sessions (each)	25	25	50
c) Intuitive Development – Chrono seminar	15	15	30
d) Intuitive Development – Chrono Too seminar	15	15	30
e) Pampering the Pattern	7.5	7.5	15
f) Gem Essences seminar	15	15	30
g) Women's Workshop - Ancient Child, Woman, Crone	15	15	30
h) Men's Workshop – Ancient Child, Warrior, Sage	15	15	30
i) Chiron Healing® Relationships Workshop	15	15	30
j) Other AESC approved courses (hours may vary)			(min hrs) 15