



International Association of Chiron Healers Inc. A0040298F ABN 12 650 790 270
Registered Address: 1002 Lydiard St. Nth. Ballarat VIC 3350 Australia

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ADVANCED CHIRON HEALING® PROFESSIONAL PRACTITIONER APPLICATION FORM

Use this Form to apply for a new Chiron Healing® **Advanced Professional Practitioner** qualification

(Please use the Membership **Renewal** form if you are renewing your IACHI membership.)

- This qualification is only awarded to experienced Professional Chiron Healing® Practitioners who have completed the required studies and can demonstrate that they have completed a minimum of 200 practice hours in a professional clinical setting. The applicant may be asked to submit a written report, case studies, etc., to show competent clinical practice. Please Note: Requirements include the ability to run a professional Chiron Healing® practice. Using family and friends as clients is not enough. All case studies submitted must have client approval.
- Applicants must obtain a signed recommendation from a registered IACHI Professional Teacher or Advanced Practitioner who can endorse the applicant's experience and ability as an advanced level Professional Chiron Healing® Practitioner.
- This level of qualification is a pre-requisite for Chiron Healing® Teacher studies.
- Those who wish to begin Teacher training must also apply to the Australian Energy School of Chiron (AESC) for **Chiron Healing® Level 1 Student Teacher Status** and have a Mentor appointed before Teacher training can begin. Applications may be made by contacting: **AESC** 1002 Lydiard St, Ballarat Vic.3350. Ph: +61 436 927 517 or e-mail: aesc@iachi.com.
- Advanced Professional IACHI members receive the current year IACHI newsletters and are entitled to vote and to hold office.
- Applications are processed by the Australian Energy School of Chiron (AESC) and if approved, the applicant is recommended to IACHI for Advanced Professional Practitioner status, As soon as the application process is completed, your qualification certificate will be issued.
- **Please ensure each section is completed in full and responses are PRINTED CLEARLY IN ENGLISH.**

PERSONAL DETAILS

Name in full: _____

Address: _____

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

Birth Date: Day _____ Month _____ Year _____

Gender (optional): ☐ Male ☐ Female

Telephone: () _____ Mobile: _____

E-mail: _____

CHIRON HEALING® STUDIES:

Please give details of all **requirements** completed for this level, and attach copies of documentation with your application.

Pre-requisites:

☐	Current IACHI Professional Practitioner member	Membership No:
☐	Current First Aid qualification (within 3 years)	Date completed:
☐	Total of 200 Professional Practice hours	Attach documentation

Compulsory Studies:

	Course	Name of Teacher	Date	Location
☐	Chiron on Children			
☐	Subtle Anatomy and the Family Pattern			
☐	Chiron Healing® Drugs and Addictions			

Four Electives from the list below – must total at least 60 hours (includes home study hours):

	Course	Name of Teacher	Date	Hours
☐	Chiron Healing® Discourse session – DVD (each)	Jan Thomas		15
☐	Attendance at Annual Gathering – all sessions (each)	IACHI / AESC		50
☐	Intuitive Development – The Chrone			30
☐	Intuitive Development – Chrone Too			30
☐	Pampering the Pattern			15
☐	Chiron Healing® Gem Essences			30
☐	Women's Workshop – Ancient Child, Woman, Crone			30
☐	Men's Workshop – Ancient Child, Warrior, Sage			30
☐	Chiron Healing® Relationships Workshop			30
☐	Other AESC approved courses			(min hours 15)

Please attach copies of Attendance Certificates with application.

RECOMMENDATION by TEACHER or ADVANCED PRACTITIONER

This section must be completed by an IACHI Professional member (Teacher or Advanced Practitioner) – to verify that the Applicant has completed at least 200 hours in a professional clinical setting and is an experienced Chiron Healing® Practitioner.

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

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

is an experienced Chiron Healing® Practitioner who has completed at least 200 hours seeing clients as a professional Chiron Healing® Practitioner. I therefore endorse his / her application to be granted **Advanced Chiron Healing® Practitioner** status.

Name (please print): _____

IACHI Qualification: _____

Signature: _____ Date: _____

DECLARATION

Please read the following carefully then sign below:

I declare that:

I have at least 200 hours experience working as a professional Chiron Healing® Practitioner in a Professional clinical setting.

That the information provided in this application is true and correct.

In the event of my being granted Advanced Chiron Healing® Practitioner status, I agree to continue to 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 have previously signed a copy of the IACHI Practitioner Agreement, and I understand that I must maintain current financial membership of the International Association of Chiron Healers Inc. (IACHI) and abide by all contractual requirements to retain my Chiron Healing® Advanced Practitioner qualification.

Signed: _____
(Signature of applicant)

Date: _____

* Available on the IACHI website at www.iachi.com > Governance, or from the Secretary at secretary@iachi.com

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. All payments must be in Australian currency.

GST is not included. IACHI is not registered for GST.

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

Please tick one:

- ☐ **AUD \$150.00 for Full Year Professional membership** (1st July to 30th June)
- ☐ **AUD \$75.00 Pro Rata fees for Professional membership** (Applies 1st January to 30th June each year)
(N.B. Professional Practitioner and Advanced Professional Practitioner membership fees are the same.)

I wish to pay by: (please tick)

- ☐ **Direct Bank Deposit**
Bendigo Bank BSB 633-000
Account Name: International Assoc. of Chiron Healers
Account No. 128340858 SWIFT BENDAU3B
Reference: your name and purpose of payment
- ☐ **PayPal** - Please make payment to chiron.payments@gmail.com
(Credit Card - via PayPal - You do not need a PayPal account to use your Credit Card).
Reference: your name and purpose of payment.

Amount enclosed: AUD \$ _____

- ☐ Tick here if you require a receipt sent to you, otherwise leave blank.

Send Completed Application form and Payment To:

Australian Energy School of Chiron (AESC)
1002 Lydiard Street North, Ballarat VIC. 3350 Australia
Phone: (Int.) +61 436 927 517 E-mail: aesc@iachi.com

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