



International Association of Chiron Healers Inc. A0040298F ABN 12 650 790 270
Registered Address: 1002 Lydiard St. Nth. Ballarat VIC 3350 Australia
Secretary Phone: +61 436 927 517 E-mail: secretary@iachi.com

APPLICATION FORM for PROFESSIONAL PRACTITIONER QUALIFICATION and IACHI PROFESSIONAL MEMBERSHIP

This form is for a NEW APPLICATION ONLY.

To renew your annual membership, please use the "Membership Renewal" form.

All forms are available at www.iachi.com > The Learning > Forms.

- You must be a Professional member of IACHI to enter professional practice. 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 Professional Membership. As soon as the application

INSTRUCTIONS

process is completed, your qualification and membership certificates will be issued.

- Incomplete applications will not be processed and will be returned to the applicant for completion.

All sections of this form must be completed. Please print clearly in English.

Please submit your completed application form with copies of all required documentation (i.e. academic records, student logbook records, course attendance certificates, assessment certificates, etc.) There is a checklist on P.8. of this application form for you to check that you have not forgotten anything.

Those who have been granted Recognised Prior Learning (RPL) credit by AESC for external courses as part of this application must also attach a copy of their RPL certificate(s) with their application.

If you have any questions, please contact AESC for clarification.

PERSONAL DETAILS.

Name in full: _____

Address: _____

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

Birth Date: Day _____ Month _____ Year _____

Gender (optional): ☐ Male ☐ Female

Telephone: () _____ Mobile: _____

E-mail: _____

PROFESSIONAL CHIRON HEALING® PRACTITIONER STUDIES

CHIRON HEALING® STUDIES:

List all studies completed for your Professional Practitioner Membership application here.

List all courses completed - including refreshers. Please give details of all courses and demonstrated competencies (assessments) achieved and **attach copies** of all documentation. Use the Documentation Checklist provided to ensure you include everything required. If insufficient space, please use a separate page, attach it to your application, and tick **“additional pages attached”** box below.

Please tick one: Additional pages attached? ☐ Yes ☐ No

[illegible]

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.

If you have been granted RPL for any of the External Courses by AESC, please tick the appropriate box(es) below, and attach a copy of your certificate to your application.

ANATOMY & PHYSIOLOGY

<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>

☐ I have been granted RPL credit by AESC for this course. A copy of my certificate is attached.

PRACTICE ADMINISTRATION / PRACTICE MANAGEMENT

<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>

☐ I have been granted RPL credit by AESC for this course. A copy of my certificate is attached.

COMMUNICATION SKILLS

<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>

☐ I have been granted RPL credit by AESC for this course. A copy of my certificate is attached.

FIRST AID

<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>

☐ I have been granted RPL credit by AESC for this course. A copy of my certificate is attached.

SUPERVISED HEALING

Please tick the following, as appropriate:

- ☐ I have completed 10 hours of supervised healing practise for each of the four Chiron Healing® levels (a total of 40 hours).
- ☐ I have attached a copy of my Student Handbook records showing the number of hours completed, and signed by my supervising Practitioner(s).

CLINIC OBSERVATION

Please tick the appropriate boxes:

I have completed 10 hours of Clinic Observation, as follows:

- ☐ 10 hours with one Practitioner, or
- ☐ 10 hours with two or more Practitioners, or
- ☐ 7 hours with one or more Practitioner(s) **plus** 2 case studies.
For those choosing this option, please attach a copy of case studies to this application.
- ☐ I have attached a copy of my Student Handbook Clinic Observation records, signed by each Practitioner.

PRACTITIONER ACKNOWLEDGEMENT CURRICULUM VITAE

All applicants must attach a copy of their current Curriculum Vitae (C.V.). It may be brief, but please include as much information as possible. ***Your C.V. must be included with this application form.***

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

I, _____ acknowledge Master Chiron as the originator of all Chiron Healing® information,

(Please PRINT NAME in full)

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.

PERMISSIONS

Signed: _____ Date: _____

Please tick boxe(s) as appropriate:

- ☐ I **would** like to be placed on a mail out list to receive additional information on upcoming seminars, courses and events in my area.
- ☐ I **would not** like to be placed on a mail out 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 official IACHI publications (e.g. IACHI website, Membership directory, other public IACHI advertising / documents).

OR

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

DECLARATION

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 it's ***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** (on the following page) before being eligible for Practitioner accreditation.

**A copy of the Association's Rules of the Association of Chiron Healers Inc. is available from the Association Secretary at secretary@iachi.com You may download a copy of the IACHI Code of Ethics from the official IACHI website at www.iachi.com*

Signed: _____
(Signature of applicant)

Date: _____

I.A.C.H.I. PROFESSIONAL PRACTITIONER AGREEMENT

The IACHI Professional Practitioner Agreement appears on the next page.

The Practitioner Agreement is a legal agreement between you and IACHI, and it is a condition of IACHI Professional Membership that you submit a signed copy.

It is an ongoing Agreement, and is valid for the duration of your IACHI Professional Practitioner Membership.

Once you have signed and submitted the Agreement, there is no need to sign and submit it again, providing the wording does not need to be altered in the future for legal reasons. You will be advised of any such change.

PROFESSIONAL PRACTITIONER AGREEMENT



I, _____ of _____

Post/Zip Code _____

have read, understand, and agree to abide by the International Association of Chiron Healers Inc. (IACHI) **Rules and Statement of Purposes**, **Code of Ethics** and their **“Privacy”** and **“Working with Children”** policies.

I acknowledge:

- Jan Elise Thomas as the originator of the principles, philosophies and techniques of Chiron and author of the official Chiron Healing® Seminar and Student Manuals.
- The copyright holder of all Chiron Healing® information and owner of registered Trademarks and Logo shown below is Cheironia, 1002 Lydiard Street North, Ballarat North, Victoria 3350. Australia.
(IACHI has a legal Agreement with Cheironia for its accredited Teachers and Practitioners to use these Trademarks under strict terms and conditions).
- That I must maintain current financial IACHI Professional Membership and Practitioner status in order to call myself a Chiron Healing® Practitioner.
- Professional Indemnity insurance is my responsibility, not that of the Association, and that IACHI highly recommends minimum cover for any occurrence of \$1,000,000.

I agree to:

- practise Chiron Healing® in ‘the way of the Master’ knowing that ‘the way of the Master’ is love.
- respect client privacy and confidentiality, and adhere to the IACHI Privacy Policy.
- restrict use of the registered Logo and Trademarks to that directed by IACHI and / or the registered Trademark owner, and immediately cease to use any or all of them if requested to do so by either party.
- obtain informed consent (or obtain written parent / guardian permission if under 18 years of age) before treating any client, and to hold a “Working with Children” clearance (or equivalent) if legally required in my locality before treating anyone under 18 years old.
- keep accurate records of client visits and retain them for seven years after their last visit, or as required by law.
- never approve the use of Chiron Healing® techniques by inadequately trained persons, unless they are under the direct supervision of an appropriately qualified Chiron Healing® Practitioner.
- never reproduce in any form whatsoever any of the Chiron Healing® material or information without explicit written permission from the copyright holder, except as allowed by law.
- my Chiron Healing® Practitioner status being reviewed annually.
- maintain a high standard of competence and participate in Practitioner training workshops and repeat courses as required to maintain my Chiron Healing® Professional Practitioner status.
- pay my IACHI membership dues, fees, levies and / or imposts on time, and submit any required documentation upon request.
- cease to call myself a Chiron Healing® Practitioner if, following just cause, my membership is revoked. In such case I agree to promptly return or destroy my IACHI Professional Membership and Chiron Healing® Practitioner Certificate(s).
- send to IACHI any information or documentation required to retain Professional Chiron Healing® Practitioner registration.

Registered Trade Marks:

a) Logo:

b) Chiron Healing®

c) Essences of the Ancient Civilizations®



d) Other Cheironia Trade Marks:

- Aeolian Essences™
- AESC Simples™
- Chiron Classic Essences™

Signed: _____

Date: _____

PAYMENT DETAILS

PAYMENT IS REQUIRED AT TIME OF APPLICATION

ALL PAYMENTS MUST BE IN AUSTRALIAN CURRENCY.

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

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

FEES:

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: (Those applying from 1st January to 30th June each year. Membership renewal due on July 1st.)

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

I wish to pay by: (please tick)

- ☐ **Direct Bank Deposit** Account Name: International Assoc. of Chiron Healers
Bendigo Bank BSB 633-000 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.

Total amount enclosed: AUD \$ _____

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

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.

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



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

IACHI PROFESSIONAL PRACTITIONER MEMBERSHIP APPLICATION **DOCUMENTATION CHECKLIST**

*Please ensure **copies of all relevant documents**, including **Attendance Certificates** are enclosed with your application.*

Name in full: _____

IACHI PROFESSIONAL PRACTITIONER APPLICATION *(Professional membership)*

Certificates / Documents:	Written Assessments:
☐ Chiron Healing® Level 1	☐ Written Assessment Chiron Healing® Level 1
☐ Chiron Healing® Level 1 Refresher	☐ Written Assessment Chiron Healing® Level 2
☐ Chiron Healing® Level 2	☐ Written Assessment Chiron Healing® Level 3
☐ Chiron Healing® Level 3	☐ Written Assessment Chiron Healing® Level 4
☐ Chiron Healing® Level 4	Practical Assessments:
☐ Essences of the Ancient Civilizations Level 1	☐ Practical Assessment Chiron Healing® Level 1
☐ Essences of the Ancient Civilizations Level 2	☐ Practical Assessment Chiron Healing® Level 2
☐ Essences of the Ancient Civilizations Level 3	☐ Practical Assessment Chiron Healing® Level 3
☐ Anatomy & Physiology (External)	☐ Practical Assessment Chiron Healing® Level 4
☐ Practice Management (External)	Other Documents
☐ Communication Skills (External)	☐ Curriculum Vitae (C.V.)
☐ First Aid (External)	☐ Signed IACHI Practitioner Agreement
☐ Supervised Healing Sessions (<i>A total of 40 hours</i>)	☐ Payment details / receipt
☐ 10 hrs Clinic Observation	
☐ Two Case Studies (<i>if applicable</i>)	☐ All sections of this form completed

Thank you