

New Zealand Register of Holistic Aromatherapists (NZROHA)



**APPLICATION FOR NZROHA PROFESSIONAL TEACHER MEMBERSHIP**

“NZROHA Professional Members seeking recognition as Professional Teachers”

Name:

Home Address:

Practice Address (if different):

Phone: Day:

After hours:

Fax:

Email:

**Teaching Experience:**

Name and address of Training Institution where you are currently teaching:

Do you hold a current Certificate in Adult Education? Yes/No

Including:

- “Use standards to assess candidates for performance” (NZQA Unit Standard 4098) Yes/No

- “Design assessments” (NZQA Unit Standard 11552) Yes/No

OR

- Recognised Current Competency equivalent? Yes/No

Do you seek annual assessment and/or peer review of your teaching competency? Yes/No

Have you a minimum of three years experience in clinical practice? Yes/No

Special Note:

Professional members who wish to stand for election for NZROHA Registration Board will be NZROHA Teachers, and will be required to undertake Moderator training Unit 11551 : Moderate Assessments Level 5, Credit 6 if not already completed as part of a Certificate in Adult Education.

Are you a qualified Moderator? Yes/No

Would you be interested in undertaking Moderator training? Yes/No

**CHECK LIST:** All items listed in 'check list table' must be included with your application form:

<b>COPIES OF ITEMS ATTACHED</b>	<b>Check List Tick Here</b>
Please <u>do not send original documents</u> <i>NZROHA will not be held responsible for loss of these documents.</i>	☺ Copies Only! ☺
Completed Application Form (signed & dated)	
Submit an overview of your teaching experience, to include: <ul style="list-style-type: none"><li>• Copy of Adult Teaching Certificate, and details of training provider.</li><li>• Specify therapies you teach and to what level.</li><li>• Outline your hours per week teaching/and or practicing Aromatherapy.</li><li>• Example of peer assessment and peer review of your teaching competency.</li><li>• Moderator Training details of training provider and copy of qualification.</li><li>• Validation (ie signed) by your Employer or a Peer Health Professional.</li></ul>	

**SPECIAL NOTE:**

The application forms and copies of all relevant certificates will be retained by the Register.  
Copies of relevant certificates must be included with your application form and sent to:

NZROHA Secretary  
PO Box 18-399  
Glen Innes  
Auckland 1743

**Declaration:**

**(Please read carefully and acknowledge your understanding and agreement by signing & dating).**

The NZROHA collects this information as part of the membership application procedure according to NZROHA Rules 3 and 4. The NZROHA Executive Committee and Registration Board members have access to the information for NZROHA membership application purposes only.

Upon your membership acceptance to the NZROHA, contact details will be available for Register purposes to the Executive Committee, Registration Board, Regional Representatives, and for the purpose of Journal distribution, to the Journal Editor.

I agree to have my name, telephone number, and area listed on the Register which is distributed to NZROHA members and to the public: (Initial) \_\_\_\_\_ **YES/NO**

All Professional Teacher Members are required to hold a current Certificate in Adult Education, including NZQA Unit Standard 4098 'Use standards to assess candidates for performance' and NZQA Unit Standard 11552 'Design assessments' or Recognised Current Competency (RCC) and current First Aid Certificate.

Additionally to maintain Professional Teacher status you must provide evidence of annual assessment or peer review of teaching competency.

Bi-annually Professional Teacher Members must provide evidence of ongoing professional development consistent with Annex Y - NZROHA Professional Development Recommendations.

Professional Teacher Members are required to pay their renewal subscription annually and abide by the NZROHA Rules, Membership policy, Code of Ethics, and Code of Practice.

New Professional Teacher Members are admitted to the Register upon:

- NZROHA Registration Board's approval of application;
- NZROHA Professional membership subscription paid.

***I have read, and understand, the NZROHA Rules, Code of Ethics, Code of Practice, and Membership Policy.***

***I solemnly declare that all information is correct and I shall comply with and uphold the rules and regulations of the NZROHA Inc.***

**Signed: .....**      **Date: .....**