

APPLICATION FOR PROFESSIONAL SUPERVISION LIST



Application fee: \$45 (payable with your application).

Annual Subscription fees: Members: no charge; Non-members \$125 per annum from 1 April 2014

The AMINZ Professional Supervision Protocol is available online.

APPLICANT'S DETAILS

SURNAME:

FIRST NAMES:

Mr / Ms / Mrs / Miss / Dr, etc.

Designatory letters (if applicable):

POSTAL ADDRESS:

POSTCODE:

TEL:

FAX:

EMAIL:

MOBILE:

PRINCIPAL PROFESSION / OCCUPATION:

AMINZ DETAILS:

Affiliate

Associate

Fellow (Arb)

Fellow (Med)

PUBLICATION OF PERSONAL DETAILS

If your application is accepted your name and contact details will be listed on the AMINZ website www.aminz.org.nz. The Institute reserves the right to edit any information provided. By signing this application form you are agreeing to your name and contact details being available to the public. AMINZ accepts no responsibility for information that is out of date or incorrect.

PROFESSIONAL SUPERVISION QUALIFICATIONS AND EXPERIENCE

Please list your relevant qualifications, and/or experience.

DECLARATION

- (a) I, the undersigned, hereby apply for admission to the AMINZ Professional Supervision List and do agree that if admitted, I will observe and promote the principles outlined in the Professional Supervision Protocol.
- (b) I certify that the above details are correct.

Signed by Applicant _____

Date ___ / ___ / ___

Thank you for your List application.

Applications usually take 5 working days to process.

If you have any questions regarding your application or the process please contact the AMINZ office: 0800 426 469 or membership@aminz.org.nz