How to apply for Membership of Hypnotherapy Council Of Australia (HCA)

Only associations, educational organisations, or representative alliances can be members of HCA. There is no individual practitioner membership. Practitioners need to contact an association to apply for individual membership.

To apply for your organisation to become a member of HCA –

1. Download this document in full (4 pages: contains these instructions, the Membership Categories and Criteria, Minimum Standards of Education and Training, and the Application form)

2. Decide which category of membership you are applying for: MA, MEO, MRA

3. Supply all required documentation in support of each item of criteria for your category. This can be supplied in hard copy, or scanned documentation attached to your application email.
(Please note: Just referencing your website is not an acceptable form of documentation as this does not provide a permanent record for the HCA files).

4. Fill in the application form in full. Please answer every question.

5. Lodge the application fee by sending a cheque, or paying by direct deposit according to the instructions on the application form.
If paying by cheque, please make it payable to "Hypnotherapy Council of Australia"

6. Sign the form

7. Please send all the documentation, the application form and either proof of payment or your cheque to either:

THE SECRETARY, HYPNOTHERAPY COUNCIL OF AUSTRALIA, 21 SMITH AVE, WILLIAMSTOWN, VIC 3016

Or by email to: secretary@hypnotherapycouncilofaustralia.com

If you have any questions about how to complete this application process, please contact the HCA secretary via email to secretary@hypnotherapycouncilofaustralia.com, supplying your name, the name of your organisation, and a contact phone number in the email. We will usually respond within 72 hours.

8. Once the membership subcommittee has assessed the application, it will be presented to the National Board for consideration at their next monthly meeting. Applicants will be notified of the result of this process. Successful applicants will then be required to pay the annual fee before the membership can be finalised.

HCA Membership categories and criteria (as listed in the HCA Constitution)

"Member Association (MA)":
A Member Association is either represented by a Representative Alliance or represents itself directly, but it cannot do both. To be recognised as a member association for the purpose of HCA, the association:

1. Is an Australian incorporated association which has membership requirements for the profession; and
2. Provides assessment of the practitioner in terms of the appropriate level of training and education required for professional practice; and
3. Requires relevant continuing professional development as a condition of practising membership, and
4. Maintains a code of ethics which all members must uphold in order to continue to be a member; and
5. Maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.

"Member Educational Organisation (MEO)" :
A Member Educational Organisation is either represented by a Representative Alliance or represents itself directly, but it cannot do both. To be recognised as a Member Educational organisation for the purpose of HCA, the educational organisation:

1. Registered name indicating school and an ABN
2. Advertises training
3. Teaches clinical hypnotherapy
    a. Groups and/or individuals
    b. In-class or by distance
4. Premises (hired or they have own)
    a. Registered office
    b. Council permission
5. Provides qualifications
    a. Assesses students
    b. Maintains student records
6. Graduates eligible to join professional associations
7. Teaches at least 1 course per year
8. Published (current)
    a. Head of School
    b. Prospectus
    c. Curriculum
    d. Timetables
    e. Fee structure
    f. Enrolment form
    g. Teachers

"Member Representative Alliance" (MRA) means:

1. An entity incorporated under the Associations Act, and
2. It is/was set up with the major intention of acting as a representative body for a number of associations and/or educational organisations in Australia. Its constitution must reflect this, and
3. The MRA clearly defines itself as a representative alliance separate to the National Body of HCA, and
4. The MRA cannot hold membership under another HCA membership category
5. Where one entity belongs to two Representative Alliances, they have only one position/vote in the assembly of delegates.

Minimum Standards of Education and Training for Hypnotherapy Practitioners

- Breadth, depth and complexity covering planning and initiation of skills, knowledge and applications across a broad range of clinical hypnotherapy, practice management and therapeutic requirements.
- Performance and self directed application of a broad range of knowledge and skills. Evaluation and analysis of areas where judgement is required in planning and selecting appropriate techniques and procedures for assessment and treatment. This includes the development of strategic initiatives recognising contra-indications and developing appropriate hypnotherapy procedures, tailored to the specific needs of the client.

Distinguishing features of learning outcomes

The learning outcomes should enable an individual to:

- Demonstrate understanding of a broad knowledge base incorporating relevant theoretical concepts and their practical applications in the areas of Clinical Methods; Communication and Counselling Skills; Professional Conduct and Ethical Practice.
- Identify and apply skill and knowledge areas to a wide variety of hypnotherapy contexts.
- Identify, analyse and evaluate information from a variety of relevant sources.
- Analyse, plan and implement specific hypnotherapy techniques and therapeutic procedures to presenting issues and the management of those issues.
- Apply theoretical concepts and clinical skills to a range of situations.
- Evaluate information to assist with research and planning of client case management.

Distinguishing features of clinical applications of learning outcomes in context:

- Practitioners must have the requisite Competencies, Knowledge and Understanding in key competency levels and required learning areas: Clinical Methods; Communication and Counselling Skills and Professional Conduct and Ethical Practice.
- The requisite Competencies, Knowledge and Understanding for practising membership of HCA Member Associations may be acquired through a variety of different training and education methods.
- The acquisition of the minimum requisite level of Competencies, Knowledge, Understanding and Experience for practising Membership of a HCA Member Association requires the equivalent of approximately 400 hours of training and education.
- This may comprise a variety and combination of learning methods under the broad headings of Clinical Hypnotherapy Training and Experience; Professional Qualifications and Recognition of Prior Learning, and may include but is not limited to:
- Recognition of prior/current competencies relevant to:

- Classroom teaching
- Individual tutorials
- Groups sessions
- Mentoring and Supervision.
- Workshops, Conferences and Seminars relevant to health care professions.
- Related Continuing Education (Evidence of CPE required)
- Case Study work
- Self-directed research
- Extensive specific and related reading
- Contribution to relevant professional publications
- Professional practice
- Practical assessments
- Theoretical assignments
- Supervised practice

- Allied health professions, Sociology, Criminology, Victimology
- Training and Assessment, Education, Anthropology
- Police studies, Justice Studies, Forensic
- Counselling, Psychotherapy, Psychology Science
- Medicine, Nursing, Dentistry, Psychiatry Business, Security Management, Risk Management
- Neuro Linguistic Programming,
- Ego State Therapy
- Hypno-Birthing, Sleep Talk
- Social Work, Community or Volunteer
- Human Resource Management Work
- Communication Skills Life Skills and those considered relevant
- e.g. legal profession, sales, advisory roles by the Executive Council

Application for Membership of
Hypnotherapy Council of Australia Inc.

This whole form must be completed in full or the application is invalid.

I, *(print name)*.……...…….…….…….....….

of *(print address)*.……....…….……..…..…....

apply on behalf of, and as the authorised representative of *(print full name of entity)*

……..…….…….....……...…….…….…

for membership of Hypnotherapy Council of Australia Inc. (HCA).

Tick to confirm

- ☐ In the event of admission as a member, this entity agrees to be bound by the rules of the HCA for the time being in force.
- ☐ I confirm that the entity complies with the relevant organisation definitions as per the HCA Constitution, complies with the Minimum Standards of Education and Training, and is eligible for membership.
- ☐ Permanent copy of supporting documentation of eligibility is attached. *(refer HCA Membership categories and criteria. Scanned or hard copy accepted only, reference to website information is insufficient).*
- ☐ The application fee of $50 accompanies this form by cheque, or has been paid by direct deposit to HCA account BSB: 633000 Account: 141625178 *Please mark the name of your organisation clearly in the reference section. Note: An annual fee will be payable on acceptance of membership.*

Entity's registered address:.....

Email address of entity: .....

Relevant entity personnel, office held/position and contacts details*

1. .....

Contact details* *Phone:* ..... *Email:* .....

2. .....

Contact details* *Phone:* ..... *Email:* .....

Representation on the HCA Assembly of Delegates (must nominate at least one delegate):

Name of first delegate: .....

Contact details* *Phone:* ..... *Email:* .....

Name of second delegate: .....

Contact details* *Phone:* ..... *Email:* .....

*(*Entity name, address and contact details are required for the Members register. However, although the name of relevant personnel is also required for the register, the contact details of those relevant personnel are kept separately to maintain privacy considerations. See the Constitution Section 5)*

…….. ….....……..… *Date ..../...../.....*

Signature of Applicant *(position held in applying entity)*

Please send the completed application comprising this signed form, its supporting documentation and application fee to
THE SECRETARY, HYPNOTHERAPY COUNCIL OF AUSTRALIA, 21 SMITH AVE, WILLIAMSTOWN, VICTORIA 3016
or email to secretary@hypnotherapycouncilofaustralia.com