# Application for Membership of the Australian Reiki Connection Inc.
## The Association of Australian Reiki Professionals

**For CoM Use Only**

**Presented to CoM:**

……/……/……

**Member Advised:**

……/……/……

**Method**
**Email & M/S Pack**

**Appl. proposed by:**

……

**Appl. seconded by:**

……

**App. Received:**

……/……/……

**Method:**

……

Australian Reiki Connection Inc.
Since 1997
THE ASSOCIATION OF AUSTRALIAN REIKI PROFESSIONALS

**Pursuant to the Associations Incorporation Reform Act 2012**
**No. AOO35912F**
**ARBN 097 727 234** **ABN 16 324 495 886**

## Mission Statement

**Australian Reiki Connection Inc.**

*An Association Working Within And Promoting The Spirit Of Reiki, Through Teaching, Healing, Fellowship And Research, Both Within The Reiki Community And The Wider Community.*

**Important Notice:**

Regardless of the Level of Reiki you are trained & attuned to if you require **PROFESSIONAL Membership** of the Australian Reiki Connection you must use this form

**Former Members** wishing to Re-activate an old Membership and/or **Existing Members** who wish to **CHANGE** their membership category should first telephone the Association on **0439 366 185** to obtain information on how to proceed

**Treasurers Use Only**
**Version: 03-19/20.rev07**
**M/S No:**

_____-A _____

**Date Joined:**

……/……/……

**First Expiry Date:**

……/……/……

**Payment Received -**
**Joining/Admin Fee: $40**
**Annual M/S Fee: $**

**TOTAL: $**

**DrCr / CrC / MO / Cheque / Cash**

**Processed** ☐ **Lodged** ☐

**Invoiced** ☐ **Receipted** ☐

**Invoice#:** _____

**********

**Membership Categories:**

**APPM: Professional Reiki Treatment Practitioner Member / NON Teaching [Qualification:**
**Usui System of Reiki: Level II/Okuden (minimum) attunement certification**
**Usui System of Reiki: Level IIIA/Master Practitioner attunement certification]**
**Membership in this category** is for **Professionals** who have been attuned to the Usui System of Reiki Level II/Okuden; Level IIIA/Master Practitioner; Level Master Teacher/Shinpiden - who offer Reiki Treatments for payment to the Public but who do not Teach Reiki to the Public.
*If Teaching Reiki to students see next category*

**APTM: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher [Qualification: Level IIIB/Master Teacher/Shinpiden attunement certification]**
**Membership in this category** is for **Reiki Teachers** who have been attuned to the Usui System of Reiki Level Master Teacher/Shinpiden and who Teach Usui System of Reiki - Level I/Shoden and/or Level II/Okuden and/or Level IIIA/Master Practitioner and/or Level Master Teacher/Shinpiden and who may or may not offer Reiki Treatments for payment

**Guide notes are provided to assist you in completing the application form.**

- **Member Contact Details -**
  Provide Your **Title**, **Ms** / **Miss** / **Mrs** / **Mr** / other
  Your Legal **Name in Full**
  Your **Home/Residence Address** and if different
  Your **Postal Address**,
  Your **Home/Mobile** telephone number is required,
  Your **Email Address** (Valid Email is required)
  [All Member details are kept totally private and confidential]
- **What you must provide with your application**
  **"Certified" copy** of each of your **USUI System of Reiki** Certificates of attunement. (**JP** or similar, certification)
  **Certified ON the FRONT/FACE of the Document**
  **A photocopy of your Teacher's (Teaching) Lineage**
- **If you have existing/current combined liability insurance and have existing/current first aid certification then include copies with your application**

**NOTES:**

**Reiki Level(s)/Qualification(s)**
Persons attuned to the Usui System of Reiki Level I/Shoden can join the Association however Level II/Okuden or higher is required in order to be entitled to obtain professional insurance cover through their Membership.

**Payment of Fees**
Administration/Joining Fee & Annual Membership Fees are detailed on the back page of this form - including methods of payment
A **Full Refund** applies if your application is refused

# Application for Membership of the Australian Reiki Connection Inc.
## The Association of Australian Reiki Professionals

**PLEASE PRINT/TYPE BLOCK CAPITALS IN THE BOXES**

**For Membership Officer Use**

**Date Joined:**

……/……/……

**Attachments Verified:**

……

**Data Entered:**

……

1. Your Title: **Ms** / **Miss** / **Mrs** / **Mr** (please circle/highlight applicable)
2. Your **NAME in full**

3. Your **HOME/RESIDENCE Address**: Street Number and Street Name

Suburb/City | State/Territory: | Postcode:

4. Your **POSTAL Address**: If different from above.

**PO Box No:**

Suburb/City | State/Territory: | Postcode:

5. Your **MOBILE PHONE No**:

6. Your **EMAIL ADDRESS**: [**PLEASE PRINT ~ CAREFULLY**]

7. Write/Type **YOUR NAME** as you wish it to appear on your **ARC Certificate of Membership**

**NOTES:**

**The Australian Reiki Connection (ARC) communicates with Members primarily by Email. Certificates of Membership are also sent by Email ONLY**

For those reasons it is most important that your Email Address and your HOME/RESIDENCE Address are always kept up to date. Changes should be notified immediately to the Association

You can update/advise changes to your contact details by email or by telephone to **0439 366 185**

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To assist ARC Inc., evaluate our advertising and marketing strategy please choose from the following. Your co-operation is appreciated.

**How did you first hear about the Australian Reiki Connection?**

| | |
|---|---|
| **Yellow Pages Online Directory** | **[ ]** |
| **Internet/Online Search** | **[ ]** |
| **ARC Inc. Website** | **[ ]** |
| **InnerSelf Magazine** | **[ ]** |
| **Your Master Teacher** | **[ ]** |
| **Your Reiki Practitioner** | **[ ]** |
| **Family Member** | **[ ]** |
| **Friend/Acquaintance** | **[ ]** |
| **Other (please state)** …… | |

**NOTES:**

**The Australian Reiki Connection (ARC) endeavours to produce a Quarterly Reiki Magazine - The ARC INK Magazine in: February, May, August, November, of each year**
It is available to all Reiki channels and anyone else who may find interest in reading it

You will receive notification by email that the **ARC INK MAGAZINE** is available to download from the **ARC website** in the Members Area.

**The Australian Reiki Connection (ARC) endeavours to produce a Quarterly Members NewsLetter -**
**The ARC INK E-News NewsLetter in: March/April, June/July, September/October, December/January of each year**
It is available **ONLY** to Members of the Association

You will receive the NewsLetter by email and it will also be available **– (for Members only)** to download from the **ARC website** in the Members Area

Members who request/require the **ARC INK Magazine** and **ARC INK E-news NewsLetter** to be **POSTED** through Australia Post will be required to pay an extra yearly fee for this service

Production of both the Magazine and the NewsLetter is dependent upon the volunteers who work as part of the ARC Editorial Team

# Reiki Level(s)/Qualification(s)

PLEASE PRINT/TYPE IN BLOCK CAPITALS

**The form of practice, (branch) of the Usui System of Reiki [NOT the Level(s)] in which you are applying for membership of ARC Inc. (as shown on your certificate of attunement)**

**Usui Shiki Ryoho (Usui System of Natural Healing) - [ ] - Western Lineage [TAKATA]**
**Usui Reiki Ryoho - [ ] - Eastern Lineage**
**Gendai Reiki Ho - [ ] - Eastern Lineage**
**Komyo Reiki - [ ] - Eastern Lineage**

**State what level(s) of Reiki qualification you have been attuned to:**

***Reiki Level I/Shoden - **Non Professional*****
**Reiki Level I - [ ] -** The date of your hands-on attunement: **……../……../……..**
**Teachers Name:**

***Reiki Level II/Okuden - **Professional Reiki Treatment Practitioner*****
**Reiki Level II - [ ] -** The date of your hands-on attunement: **……../……../……..**
**Teachers Name:**

***Reiki Level III/A - *Master Practitioner* (when Master teacher level is taken in two parts)***
**Reiki Level III/A - [ ] –** The date of your hands-on attunement: **……../……../……..**
**Teachers Name:**

**Reiki (Level III/B) Master Teacher Level/Shinpiden - **Reiki Master Teacher****
**Reiki Master/Teacher - [ ] -** The date of your hands-on attunement: **……../……../……..**
**Teachers Name:**

**NOTE:** It is required that an interval of a minimum of 21 days and preferably 2-3 months has passed between the completion of Reiki Level I and training in Reiki Level II. Also it is envisaged that an interval of preferably one year has passed between the completion of Reiki Level II and the undertaking of Reiki Master / Teacher Level [Teaching Master]

Attach a copy of the Teaching Lineage of **EACH** of your Reiki Teachers
**NOTE:** Your Lineage is a direct line back to USUI of only Teachers who made Teachers
Your lineage should display **only** the names of each teacher who trained the subsequent Reiki teacher to Master Level, from Usui to your Reiki Master/Teacher. There should be no mention of a Teachers, Level I or Level II Teachers Lineages if different from their Teaching Lineage.

Are there any **other 'hands-on systems' / 'modalities'** that you have been taught/trained in?

List/State ALL:

## Application for Membership of the Australian Reiki Connection Inc.
## The Association of Australian Reiki Professionals

Which **Category of Membership** do you require?

| | |
|---|---|
| | |
| **APPM: Professional Reiki Treatment Practitioner Member / NON Teaching**<br>**Membership in this category** is for **Professionals** who have been attuned to the Usui System of Reiki Level II/Okuden; Level IIIA/Master Practitioner; Level Master Teacher/Shinpiden - who offer Reiki Treatments for payment to the Public but who do not Teach Reiki to the Public. If Teaching Reiki use next category | |
| **APTM: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher**<br>**Membership in this category** is for **Reiki Teachers** who have been attuned to the Usui System of Reiki Level Master Teacher/Shinpiden and who Teach Usui System of Reiki - Level I/Shoden and/or Level II/Okuden and/or Level IIIA/Master Practitioner and/or Level Master Teacher/Shinpiden and who may/may not also offer Reiki Treatments to the Public for payment | |
| | |

**PROFESSIONAL MEMBERS**

**APPM: Professional Reiki Treatment Practitioner Member / NON Teaching**
**APTM: Teaching Member / Professional Reiki treatment Practitioner & Reiki Teacher**
**MUST answer questions 8 through 21 fully**

8. Your **Clinic/Business Address**: Street Number and Street Name (Can be a Home Business)

Suburb/City | State/Territory: | Postcode:

9. Your **REIKI Business Name**: ****MUST BE PROVIDED****

10. Your **Australian Business Number: [ABN]** ****MUST BE PROVIDED****

11. Your **BUSINESS/ MOBILE PHONE No**: (Contact Phone Number used for the Public to contact you)

12. Your **REIKI BUSINESS WEBSITE ADDRESS**: **[PLEASE PRINT] (only if you have one)**

**http://www.**

13. Your **FACEBOOK REIKI BUSINESS PAGE ADDRESS**: **[PLEASE PRINT] (NOT Personal FB page)**

**https://www.facebook.com/**

**IF YOU HAVE QUESTIONS - PLEASE TELEPHONE 0439 366 185 FOR CLARIFICATION BEFORE YOU SUBMIT YOUR APPLICATION, THANK YOU**

The Governments of Australia have through the **COAG Health Council (CHC)** and its advisory body, the **Australian Health Ministers' Advisory Council (AHMAC)**, set in place a code-regulation regime called 'A **National Code of Conduct for health care workers**' which applies to all health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, and to registered health care workers who offer health services not covered by their registration;
This applies to Reiki Practitioners & Reiki Teachers (regardless of Reiki Lineage) who practice in Australia (regardless of the State/Territory of their Practice); Practitioners/Teachers are responsible for running their healing business in adherence with **Local, State/Territory and Federal Laws**

**INSURANCE:** It is imperative that you have appropriate combined liability insurance (Public Liability & Professional Indemnity) Note: *Home insurance is not sufficient*
Professional Members of **ARC** can avail of inexpensive and effective Insurance cover through **ARC** Membership ***Note: Insurance cover is not available/required for NON Professional Members**
**In order to obtain appropriate combined liability Insurance (Public Liability & Professional Indemnity) there is a process to be followed. You can apply for insurance cover upon receipt of your **Membership Number** which is provided to you **after payment of fees is received and processed**, and **your application is approved** by the Committee of Management of ARC Inc.
*** If you are including a copy of your existing/current Insurance Certificate of Currency (include all pages) please note that copies must contain the wording: **Certificate of Currency**
*Members always retain the choice of who is best for them to have as their Insurance Provider*

14. The name of your Current (**Combined Liability**) Insurance **Provider**:

15. The name of the **Association** through which you have this Insurance:

16. Your **Insurance** policy Number: Policy Expiry Date:

17. **List** any **modalities** in addition to Reiki covered by this policy — Is **TEACHING** also covered? **YES** % **NO**

**FIRST AID:** It is the law that in the course of providing treatment or care should an adverse event occur the provider has first aid available to deal with the event. The minimum First Aid course is the **HLTAID003 Provide first aid** which is a three yearly renewable certification.
*Members always retain the choice of who is best for them to have as their First Aid Organisation*

18. The name of the **Organisation** through which you have your First Aid training:

19. Your **First Aid** Certificate Number: **HLTAID003** certificate Expiry Date:

**INFORMED/CONSENT:** It is imperative that you have, prior to commencing a treatment or service, ensured that consent appropriate to that treatment or service has been obtained and complies with the relevant State/Territory Law(s)

**RECORD KEEPING:** It is required that the provider must maintain accurate, legible and up-to-date clinical records for each client consultation. Ensuring that records are located in a secure place and not subject to unauthorised access

The remaining clauses contained in '**A National Code of Conduct for health care workers**' are no less important than the above referenced clauses. All clauses should be understood and adhered to in full.
**IMPORTANT NOTE:**
Remember, all health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners, and registered health care workers who offer health services not covered by their registration are still subject to a range of laws that regulate their practice including:

- health complaints laws
- laws that regulate specific activities such as use of medicines, therapeutic goods and medical radiation equipment
- regulation of public health threats such as infectious diseases
- consumer protection laws
- employment law
- other laws such as criminal law, tort law (negligence) and the law of contracts.

20. Are your treatments exclusively the **Usui System of Reiki: YES [ ] NO [ ]**
21. If **NO** state what 'healing-system' / 'hands-on system' / other 'modalities' you use in your treatments:

**If you have chosen**
**APPM: Professional Reiki Treatment Practitioner Member / NON Teaching then proceed directly to Page 7 to sign the declaration and choose the payment method to complete your application**

**TEACHING MEMBERS if you have chosen**
**APTM: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher then please continue and answer questions 22 through 30 fully**

22. Which Levels of Reiki do **you currently** Teach:

**Reiki Level I/Shoden [ ] - Reiki Level II/Okuden [ ]**
**Reiki Level IIIA/Master Practitioner [ ] - Reiki Master Teacher/Shinpiden [ ]**

23. What is the Name of the **form of practice, (branch) of the Usui System of Reiki** that you Teach:

24. How many Usui Reiki symbols are you teaching in your Reiki workshops? (*enter number where highlighted*)
**Level I/Shoden [ ] Level II/Okuden [ ]**
**Level IIIA/Master Practitioner [ ] Level Master Teacher/Shinpiden [ ]**

25. How many additional 'Reiki' symbols are you teaching in your Reiki workshops? (*enter number where highlighted*)
**Level I/Shoden [ ] Level II/Okuden [ ]**
**Level IIIA/Master Practitioner [ ] Level Master Teacher/Shinpiden [ ]**

26. Do you maintain a clear distinction between the **FOUR Usui System of Reiki** symbols and any other mystical or healing symbols? **YES [ ] NO [ ]**

27. Do you have instruction in the history of Mikao Usui's teachings of the Usui system of Reiki?
**YES [ ] NO [ ]**

28. Do you teach and attune using "Distant-Attunements"? [Attune other than by 'Hands-on' attunements]
**YES [ ] NO [ ]**

29. What is the total duration of EACH of your workshops/classes?

**DAYS [ ] = HOURS [ ]** Reiki Level I/Shoden
**DAYS [ ] = HOURS [ ]** Reiki Level II/Okuden
**DAYS [ ] = HOURS [ ]** Reiki Level IIIA/Master Practitioner
**DAYS [ ] = HOURS [ ]** Reiki Level Master Teacher/Shinpiden

30. Do you have instruction regarding the procedures for carrying out hands-on attunements at all Levels and do you have the necessary skills to be able to teach Reiki to others, and have an experiential understanding of what you teach?

**YES [ ] NO [ ]**

**Teachers must provide a copy of each of their Teaching Manuals to ARC**
by email attachment to: president@australianreikiconnection.com.au or by Post (Address on Page 8)

**Professional Members are required to provide ARC with a copy of their Insurance Certificate of Currency annually and to provide ARC with a copy of their first aid certification every three years**

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## Declaration by applicant

I apply for membership of the Australian Reiki Connection Inc. in the following Category on the basis of the information in this form and all attachments provided with this form.
The information provided in this application and in all annexure is true and correct.
(Choose only one category)

| | |
|---|---|
| | |
| **APPM: Professional Reiki Treatment Practitioner Member / NON Teaching** | |
| **APTM: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher** | |

I agree to abide by the rules and standards under which the association has been incorporated to commit to and support the Mission of the Australian Reiki Connection Inc. and to abide by and conduct myself in accord with the ARC Code of Ethics (View/Read here)

I confirm to have had 'In-Person' training and 'Hands-On' attunement(s) in the Usui System of Reiki by a Reiki Teacher whose qualifications and practices are established as meeting the ARC Criteria for the Teaching of the USUI System of Reiki Amended/Revised 2015 (View/Read here)

Professional Practitioners & Teachers further agree to abide by and conduct themselves in accord with the ARC Code of Professional Practice (View/Read here) and to respect the ARC Complaint Management and Reporting Process (View/Read here) which is used in the event of a complaint against a member

I Agree to comply with the code-regulation regime 'A National Code of Conduct for health care workers' which applies to all health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners and to registered health care workers who offer health services not covered by their registration (View/Read here)

**Signed:** _____ **Dated:** _____

## Application for Membership of the Australian Reiki Connection Inc.
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Do you belong to any other **Professional REIKI Association**(s)? **YES [ ] NO [ ]**

*If yes, then please list the association(s) name(s):*

Do you belong to any other **Group(s)/Organisation(s)**? **YES [ ] NO [ ]**

*If yes, then please list the association(s) name(s):*

If you are being **NOMINATED for Membership** by an existing ARC Member then **they** should complete this section:

Name of Nominator: _____ Signed: _____

Date of signing: _____ Membership No: _____

If not, **NOMINATION for Membership** to be completed by the **ARC Membership Officer**

**Membership FEES - ARC is not registered to charge GST - All prices have a Zero$ GST amount**

- **Administration Joining Fee = AUD$40.00 (Once off Payment & Fee always applies)**
- 
- **APPM: Professional Practitioner Member / NON Teaching = AUD$80.00 (Annual Payment)**
- **APTM: Teaching Member / Professional Practitioner & Teacher = AUD$100.00 (Annually)**

**The FULL AUD$40 Administration Joining Fee applies regardless of when you join**

**The Annual Fees are charged as follows:** **NOTE: Payment is made with application**

Should the date you apply be between **1st September and 28th February** then you pay the full Membership Fee **renewing the next 31st August**

Should the date you apply be between **1st March and 30th June** then you pay 50% Membership Fee **renewing the next 31st August**

Should the date you apply be between **1st July and 31st August** then you pay an additional **AUD$15 PLUS** the full Membership Fee **renewing the 31st August of the following year**

**If you are unsure of the amount to include please telephone 0439 366 185 before making payment**

Payment of Fees can be made directly into the ARC Bank Account using your full name as the reference
**Bendigo Bank - BSB Number: 633-000 - Account Number: 115445421**
**Account Name: Australian Reiki Connection Inc. Reference: YOUR Full Name**
**Check box ONLY if payment has been made into the Bank Account by direct credit** ☐
Payment of Fees can also be made Visa/MasterCard Credit/Debit Card - Telephone **0439 366 185**
POST your completed form and all requested attachments afer making payment to:
**ARC PO Box 827 SOUTH MELBOURNE VIC 3205**
or by email to: treasurer@australianreikiconnection.com.au

### Privacy

Australian Reiki Connection Inc. will protect your personal information. ARC Inc. is subject to the National Privacy Principles (NPP) as set out in the Privacy Act 1988 (Commonwealth). The NPP governs the way we collect, use, disclose & secure information about you. The NPP permits you access to the information we hold about you in order to correct/update it.