

Application for Qualified Touch for Health Instructor to Teach within Academy of Healing Arts

NOTE: This application is **ONLY** for currently registered Touch for Health (TFH) instructor who is not a Registered Consultant & Instructor for Colour for Life and/or Soul Power Kinesiology, and would like to teach within the Academy of Healing Arts.

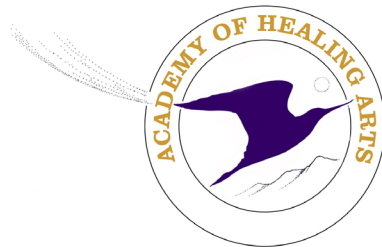
Requirements:

- You have the current Touch for Health Instructor Registration with New Zealand Institute of Touch for Health Kinesiology.
- To remain registered with Academy of Healing Arts (AHA), annual registration is required.

Application Instructions

Please complete '✓' all the followings:

- Complete **this application form** (a fillable pdf form - can use date picker to select date.)
- Sign **Academy of Healing Arts Registered Touch for Health Instructor Agreement** attached
- Sign **Academy of Healing Arts Code of Ethics** attached
- Email **the completed form** to office@aha.org.nz along with:
 - Electronic copy of the following certificates:** (non-returnable)
 - Touch for Health Instructor Certificate**
 - Touch for Health Instructor Continuing Education Certificate**
(received from your latest TFH Instructor Update if apply)
 - New Zealand Institute of Touch for Health Kinesiology Annual Registration Certificate**
 - Personal profile, Areas of expertise, Contact details and a recent Photo**
for listing your profile on the Academy of Healing Arts website
Photo size: 200px width & 300px height
- Pay the Application Fee** (including annual registration fee)
at the Academy of Healing Arts online shop:
https://aha.org.nz/registered_TFH_instructor_application/



Personal Details

Full Name: _____

Address: _____

_____ Post code: _____

Email: _____

Phone: _____ Mobile: _____

Touch for Health Courses I am qualified to teach

Touch for Health Level 1-4

Touch for Health Proficiency

Touch for Health Instructor Update (if applies)

Date of completing my last Touch for Health Instructor Update: _____

First Aid Certificate

I have a current First Aid Certificate which will expire on: _____

Professional Liability Insurance Cover (Recommended)

I have current Professional Liability Insurance which will expire on: _____

Application Fee

Application Fee: \$150 NZD (including annual registration fee)

- Payment can be made at https://aha.org.nz/registered_TFH_instructor_application/

Declaration & Consent

I understand that by completing and submitting this application, I:

- will be registered as a registered Touch for Health Instructor with Academy of Healing Arts (AHA).
- will have a webpage displaying my profile & contact details and be listed on AHA's 'Instructors' webpage.
- will be able to list my future courses that I am qualified to teach including courses marked on this form on the AHA website by submitting the details of my courses via the AHA website.
- will meet the requirements of the AHA Annual Registration and complete the Annual Registration if I wish to remain registered with Academy of Healing Arts annually.
- give my consent to the AHA's Privacy Policy and that information provided with this application will be kept and held by the Academy of Healing Arts Ltd.

Signature of Applicant: _____ Date: _____



Academy of Healing Arts

Registered Touch for Health Instructor Agreement

In signing this document, I agree to accept the following, and in so doing shall be recognised as endorsed by the Academy of Healing Arts as a registered Touch for Health Instructor.

- I will abide by the Code of Ethics and standards set down by the Academy of Healing Arts (AHA).
- I understand that AHA training makes no claims for curing, healing, or diagnosing diseases, and I will not imply that the use of these techniques will do so.
- I will update in Touch for Health (TFH) with TFH Faculty as required by New Zealand Institute of Touch for Health Kinesiology (NZITFHK), and If I am also a Colour for Life or Soul Power Kinesiology Instructor I will update also 1/2 day every year with Academy of Healing Arts Faculty or an Academy of Healing Arts Instructor Trainer.
- I will register annually with the Academy of Healing Arts, as a Professional Member and provide evidence of current Touch for Health Instructor registration and updating
If I am qualified to teach Soul Power Kinesiology or Colour for Life courses, I will register annually as AHA Consultant & Instructor and provide evidence of completing my AHA update.
- I will keep all class lists and client lists confidential, to be kept as a Record of Training/Consultation and will not disseminate lists to any person or organisation.
- I will maintain and securely file all records.
- I will maintain privacy and confidentiality with all clients and students.
- I will not disclose information about clients or students to any person or organisation except when it is a duty of compliance by law.
- I will teach courses developed by the Academy of Healing Arts according to the syllabus, as set out by the Academy of Healing Arts.
- I will use authentic texts, manuals and certificates as supplied by the Academy of Healing Arts for courses developed by Academy of Healing Arts.
- I will not include methods or techniques in the classes I teach, which are not covered in the syllabus and manuals of the courses developed by Academy of Healing Arts or TFH.
- I will submit online, in the AHA website listing, all planned class dates for courses that I am certified to teach as an Academy of Healing Arts Registered Instructor.
- I will provide a personal updated profile page with jpg photo, to be posted on the AHA website.
- I will, on completion of each class, email my:
 - AHA class list using the AHA Class List form to Academy of Healing Arts for AHA's Training Database as well as International Kinesiology College's database, and issue certificates provided by AHA to all attending students, including repeat students.
 - Touch for Health class list to NZITFHK using the TFH class list form and will email TFH certificates provided to all attending students including repeat students.

Full Name: _____

Email: _____ Mobile/Phone: _____

Address: _____

Signature: _____ Date: _____



Academy of Healing Arts Code of Ethics

Academy of Healing Arts's Registered Touch for Health Instructor are bound by the following principles:

Ethical Behaviour and Codes of Practice

- 1. At all times consider as one of your primary and first duties and your first priority, the health and well-being of your students.*
- 2. To follow the self-responsibility model which is basic to the Academy of Healing Arts Principles. A non-medical approach to health and well-being that does not diagnose treat or prescribe.*
- 3. To place integrity and professional ability amongst your primary duties and concerns.*
- 4. To recognise your own limitations as well as the specific skills of others in the prevention and treatment of ill-health and disease, in order to refer students to someone appropriate if needed.*
- 5. To honour and respect your professional colleagues and uphold your profession and its ongoing traditions.*
- 6. To improve your professional knowledge and skills so that the best possible advice and available treatment can be afforded to your clients.*
- 7. Unless a legal duty of disclosure operates to remove confidentiality in a particular case, endeavour to protect the students' confidentiality at all times.*

In signing this document, I agree to accept the above principles, and in so doing shall be recognised as endorsed by the Academy of Healing Arts as a Touch for Health Instructor.

Full Name: _____

Email: _____

Mobile/Phone: _____

Address: _____

Signature: _____ Date: _____