



## Application for Registered & Certified Consultant & Instructor for Colour for Life and/or Soul Power Kinesiology

### Conditions of Registered & Certified Consultant & Instructor Application:

- The current year's registration is paid by this application.
- To remain registered, annual registration and attending the Academy of Healing Arts Update with either the Academy of Healing Arts Faculty or Instructor Trainer once every year are required.

### Application Instructions

Please complete '✓' all the followings:

- Complete this application form** (a fillable pdf form - can use date picker to select date.)
- Email the completed form to [office@aha.org.nz](mailto:office@aha.org.nz) along with:**
  - Electronic Copy of all required training Certificates** (non-returnable)
  - Electronic Copy of Prior Learning Certificate if applies** (non-returnable)
  - 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  
➤ I would like to be listed on  Consultant Directory  Instructor Directory
- Pay the application & registration fee at Academy of Healing Arts online shop:**  
[https://aha.org.nz/registered\\_certified\\_consultant\\_instructor\\_application/](https://aha.org.nz/registered_certified_consultant_instructor_application/)

Full Name: \_\_\_\_\_

Name as required on Certificate: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Modality I am applying for:**  Colour for Life  Soul Power Kinesiology

### Insurance

Professional Liability Insurance Cover is a recommended, but is not mandatory.

I have Professional Liability Insurance Cover.  Yes  No

If yes, Insurance Cover is with whom: \_\_\_\_\_

### Application Fee

**Application & Registration Fee\*: \$200 NZD**

- \* If only one modality is applied, the fee will still be \$200 NZD.
- \* If you apply for the second modality at a later date and are currently registered with the Academy of Healing Arts, an application fee of \$100 NZD applies.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## Details of Accredited Industry Training

### Certified Colour for Life Consultant & Instructor

Requirements	Accredited Hours	Training Certificate Attached	Prior Learning Assessed	Date of Completion	Instructor's Name
Foundation Course – Colour for Life and Soul Power Kinesiology	16	<input type="checkbox"/> Yes			
Workbook Foundation Level	8	<input type="checkbox"/> Yes			
Colour for Life Level 2 to 3	32	<input type="checkbox"/> Yes			
Workbooks Colour for Life Level 2 to 3	16	<input type="checkbox"/> Yes			
Communicating Confidence	16	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
Interpersonal Communication Skills for Consultants	24	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
Complete one of the following:  <input type="checkbox"/> Colour, Tarot and the Tree of Life <input type="checkbox"/> Colour, Crystals and Sound <input type="checkbox"/> Introduction to Colour Vibrational Essences	16	<input type="checkbox"/> Yes			
AHA Training Workshop	40	<input type="checkbox"/> Yes			
Current First Aid Certificate (Exemption may apply, please see below.)	12	<input type="checkbox"/> Yes			
<b>Total Hours of Accredited Training</b>	<b>180</b>				

#### Prior Learning Certificate

Please attach your Academy of Healing Arts Prior Learning certificate if you have received one.

Yes Prior Learning Certificate attached

#### I am exempted from having a Current First Aid Certificate because:

- I am practising and/or teaching outside of New Zealand.
- I am ONLY practising and/or teaching online.



## Details of Accredited Industry Training

# Certified Soul Power Kinesiology Consultant & Instructor

Requirements	Accredited Hours	Training Certificate Attached	Prior Learning Assessed	Date of Completion	Instructor's Name
Soul Power Kinesiology Level 1 to 6 (Level 1 = Foundation)	96	<input type="checkbox"/> Yes			
Workbooks Soul Power Kinesiology Level 1 to 6	48	<input type="checkbox"/> Yes			
Soul Power Kinesiology Proficiency	8	<input type="checkbox"/> Yes			
Intern Basic Soul Power Kinesiology	16	<input type="checkbox"/> Yes			
Intern Advanced Soul Power Kinesiology	16	<input type="checkbox"/> Yes			
2 x Soul Power Case studies	18	<input type="checkbox"/> Yes			
Communicating Confidence	16	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
Interpersonal Communication Skills for Consultants	24	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
AHA Training Workshop	40	<input type="checkbox"/> Yes			
Touch for Health Kinesiology Level 1 to 4	64	<input type="checkbox"/> Yes			
Touch for Health Workbooks Level 1 to 4	60	<input type="checkbox"/> Yes			
Touch for Health Proficiency	16	<input type="checkbox"/> Yes			
Current First Aid Certificate (Exemption may apply, please see below.)	12	<input type="checkbox"/> Yes			
<b>Total Hours of Accredited Training</b>	<b>434</b>				

### Prior Learning Certificate

Please attach your Academy of Healing Arts Prior Learning certificate if you have received one.

Yes Prior Learning Certificate attached

### I am exempted from having a Current First Aid Certificate because:

- I am practising and/or teaching outside of New Zealand
- I am ONLY practising and/or teaching online.



## *Academy of Healing Arts Consultant and 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 an Instructor and Consultant.

- I will abide by the Code of Ethics and standards set down by the Academy of Healing Arts.
- 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 1/2 day every year with 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 updating.
- 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 Colour for Life and/or Soul Power Kinesiology 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.
- I will not include methods or techniques in the classes I teach, which are not covered in the syllabus and manuals.
- I will submit online, in the AHA website listing, all planned class dates for Colour for Life and Soul Power Kinesiology.
- 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 class lists on the provided Class List forms to the Academy of Healing Arts for AHA and IKC databases of Training, and issue the certificates provided by AHA to all attending students, including repeat students.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Academy of Healing Arts Code of Ethics

**Academy of Healing Arts Instructors and Consultants** 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 clients.*
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 clients/ 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 clients' 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 an Instructor and Consultant.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_