



ACONT^{INC}

(Established September 1990)

ACONT - Australian Committee of Natural Therapies

**A national association representing Natural,
Traditional, Bioenergetic and Magnetic Therapies.**



ACONT

Australian Committee Of Natural Therapies
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ACONT INC

ACONT Inc. (Established September 1990)

ACONT - the Australian Committee of Natural Therapies Inc., is a national association representing Natural, Traditional, Bioenergetic and Magnetic Therapies.

ACONT is a Schedule 1 Association listed with the TGA -Therapeutic Goods Administration, representing qualified Natural Therapies Practitioners of many different ingestive modalities. All suitably qualified Schedule 1 practitioners receive a TGA Advertising Exemption Certificate, which allows them to acquire restricted advertising material concerning Schedule 1 products, and may assist in obtaining Schedule 1 products for their clients.

Established in September 1990, for the past 20+ years ACONT has been one of Australia's leading professional bodies representing practitioners operating within the natural health industry. ACONT offers 4 membership types; Schedule 1 Practitioner, Practitioner, Student, Corporate memberships for all Complementary Therapists, providing numerous benefits including Therapeutic Goods Association TGA - Schedule 1 Certificate of Exemption (For suitably qualified practitioners), No continued education (CE) requirements and access to Practitioner Discounted Professional Indemnity, Public Liability and Products Liability Insurance through our brokers.

ACONT is here to represent all complimentary and natural therapy practitioners whether you have gained your qualification overseas or in Australia. We will also consider membership for those who have completed short courses or hold a credible qualification in an approved modality.

Membership Benefits

- ✚ **Membership Certificate – *(Based on membership type)***
- ✚ **Therapeutic Goods Administration TGA Schedule 1 Exemption Certificate - For Practitioner Dispense Only Products and Advertising – *(For approved Schedule 1 Practitioner Membership only)***
- ✚ **No continued education (CE) requirements or points system**
- ✚ **Access to join the ACONT Affiliate Program.**
- ✚ **ACONT Code of Ethics and Objectives**
- ✚ **Overseas qualifications considered**
- ✚ **New and emerging modalities recognised**
- ✚ **Member Referral bonuses**
- ✚ **Practitioner Discounted Insurance± - access to our Public Liability, Professional Indemnity & Product Liability Insurance.**

Schedule 1 Practitioner Membership Approved Modalities

The following is our general list of schedule 1 practitioner modalities.

All suitably qualified practitioners' who have completed any of the approved modalities on this page may apply for a Membership.

*** Membership approval - Is subject to type of membership required and meeting minimum requirements upon application for membership type applied.**

Schedule 1 Practitioner Membership - Approved Modalities

Schedule 1 Practitioner Membership; is available for natural therapists who have a Diploma or higher qualification in any of the following modalities:

- 
- ✚ Acupuncture (must be State Registered in Victoria)
 - ✚ Ayurvedic Medicine
 - ✚ Bioenergetic Medicine
 - ✚ Chinese Herbal Medicine (must be State Registered in Victoria)
 - ✚ Chiropractic (must be State Registered)
 - ✚ Homoeopathy
 - ✚ Naturopathy
 - ✚ Nutrition
 - ✚ Osteopathy (must be State Registered)
 - ✚ Traditional Chinese Medicine
 - ✚ Western Herbal Medicine

All suitably qualified Schedule 1 practitioners receive a TGA Advertising Exemption Certificate, which allows them to acquire restricted advertising material concerning Schedule 1 products, and may assist in obtaining Schedule 1 practitioner dispense only products for their clients.

Practitioner Membership & Student Membership - Approved Modalities

Practitioner Membership; is available for natural therapists who have completed and have a certificate or higher qualification in any of the following modalities:

Student Membership; is available for natural therapists who are currently studying a certificate qualification in any of the following modalities:

- 
- ✚ Acupoint therapy
 - ✚ Acupressure
 - ✚ Acupuncture
 - ✚ Alexander technique
 - ✚ Allergy testers
 - ✚ Animal therapy
 - ✚ Aromatherapy
 - ✚ Auro soma
 - ✚ Ayurveda
 - ✚ Biofrequency
 - ✚ Biomagnetic
 - ✚ Biomesotherapy
 - ✚ Bio-resonance matching
 - ✚ Bowen technique
 - ✚ Brain gym
 - ✚ Brandon Raynor
 - ✚ Cellulite treatment
 - ✚ Chinese medicine
 - ✚ Chi nei tsan
 - ✚ Coaching
 - ✚ Colour therapy
 - ✚ Colon hydrotherapy
 - ✚ Colonic irrigation
 - ✚ Counsellors
 - ✚ Craniosacral therapy
 - ✚ Cupping
 - ✚ Dietitians
 - ✚ Dorn therapy
 - ✚ Dry needling
 - ✚ Ear candling
 - ✚ Electro acupuncture
 - ✚ Emmett technique
 - ✚ Emotional freedom techniques
 - ✚ Endermologie
 - ✚ Exercise physiology
 - ✚ Feldenkrais
 - ✚ Frequency specific microcurrent (Bodyfield Analysis)
 - ✚ Hellerwork
 - ✚ Herbalists
 - ✚ Herbal medicine
 - ✚ Homeopathy
 - ✚ Horstmann technique
 - ✚ Hypnobirthing (excluding delivery advice)
 - ✚ Hypnotherapy
 - ✚ IFAS (Skin & Nerve Stimulation)
 - ✚ Indian head massage
 - ✚ Iridology
 - ✚ Iris diagnosis
 - ✚ Kinesiology
 - ✚ Lactation consultants
 - ✚ Life coaching
 - ✚ Live blood analysis
 - ✚ Lymphatic system
 - ✚ Magnetic field therapy
 - ✚ Massage
 - ✚ Massage - baby
 - ✚ Massage – Chinese
 - ✚ Massage - connective tissue
 - ✚ Massage - Corporate
 - ✚ Massage - deep tissue
 - ✚ Massage - mobile
 - ✚ Massage - pregnancy
 - ✚ Massage - remedial
 - ✚ Massage - Swedish
 - ✚ Massage - Thai
 - ✚ Metabolic free radical testing – theratest
 - ✚ Mora therapy
 - ✚ Moxibustion
 - ✚ Muscle tension treatment
 - ✚ Myofascial release therapy
 - ✚ Myopractic
 - ✚ Myotherapy
 - ✚ Natural fertility management
 - ✚ Myotherapy
 - ✚ Natural fertility management
 - ✚ Naturopathic medicine
 - ✚ Naturopathy
 - ✚ Neuro linguistic programming
 - ✚ Nutritionists
 - ✚ Occupational therapists
 - ✚ Oriental health sciences
 - ✚ Orthobionomy
 - ✚ Phytotherapy
 - ✚ Pilates
 - ✚ Pranic healing
 - ✚ Personal trainers
 - ✚ Professional counsellors
 - ✚ Psychotherapists
 - ✚ Q2 therapy
 - ✚ Recreation therapy
 - ✚ Reflexology
 - ✚ Rehabilitation consultants
 - ✚ Reiki treatment
 - ✚ Remedial therapy
 - ✚ Rolfing structural integration
 - ✚ SCENAR
 - ✚ Shiatsu
 - ✚ Somatic integration therapy
 - ✚ Speech therapy
 - ✚ Tissue salt therapy
 - ✚ Touch for Health
 - ✚ Traditional Chinese medicine
 - ✚ Transpersonal & emotional release counsellors
 - ✚ Trigger point therapy
 - ✚ Urine analysis (for undigested proteins and sugar)
 - ✚ Vocational counselling

Membership Application Requirements

Schedule 1 Practitioner Membership

Schedule 1 Practitioner Membership is for practitioners who have completed training in a schedule 1 recognized modality and who hold recognized qualifications.

An applicant who has completed their study and holds a diploma or higher of a schedule 1 practitioner approved modality must submit the following documents with the application:

- A copy of your education qualification that has been certified (please do not send the original).
- A copy of the academic transcript that has been certified showing details of the subjects and hours of study per subject (please do not send original).
- A copy of the teaching institution prospectus and course curriculum that has been certified (please do not send original)
- If you have a different name on your education qualification, legal proof of name change.
- Copy of Professional indemnity insurance or if applying through our brokers a copy of application. Insurance cover letter must be sent within 2 weeks of application.
- Passport size photograph.
- If you are applying for membership in osteopathy and/or chiropractic, or in acupuncture and/or Chinese herbalism in Victoria, proof of registration with the relevant State/Territory Registration Board.
- Cheque, money order or credit card details.

In all cases the ACONT reserves the right to request additional documents as required. Failure to submit requested documents may result in rejection of the application.

Practitioner Membership

Practitioner membership is for practitioners who have completed training in their chosen fields of study and who hold recognized qualifications.

An applicant who has completed their study and holds a certificate or higher of a practitioner approved modality must submit the following documents with the application:

- A copy of your education qualification that has been certified (please do not send the original).
- A copy of the academic transcript that has been certified showing details of the subjects and hours of study per subject (please do not send original).
- A copy of the teaching institution prospectus and course curriculum that has been certified (please do not send original)
- If you have a different name on your education qualification, legal proof of name change.
- Copy of Professional indemnity insurance or if applying through our brokers a copy of application. Insurance cover letter must be sent within 2 weeks of application.
- Passport size photograph.
- Cheque, money order or credit card details.

In all cases the ACONT reserves the right to request additional documents as required. Failure to submit requested documents may result in rejection of the application.

Student Membership

Student membership is for practitioners who are currently training in their chosen fields of study in a recognised modality. Members can upgrade to relevant practitioner membership once fully qualified in a recognised modality.

An applicant who is currently studying a practitioner approved modality must submit the following documents with the application:

- A copy of the academic transcript that has been certified showing details of the subjects and hours of study per subject (please do not send original).
- A copy of the teaching institution prospectus and course curriculum that has been certified (please do not send original)
- Copy of Professional indemnity insurance or if applying through our brokers a copy of application. Insurance cover letter must be sent within 2 weeks of application.
- Passport size photograph.
- Cheque, money order or credit card details.

In all cases the ACONT reserves the right to request additional documents as required. Failure to submit requested documents may result in rejection of the application.

Corporate Membership

Corporate Membership offers affiliation with the ACONT for corporations, Institutions and Training Facilities.

For corporate non training/educational providers that provide a service or products that are in line with the modalities we provide please submit details:

- ☑ A detailed description of the products and/or services you provide.
- ☑ Copy of Professional indemnity insurance or if applying through our brokers a copy of application. Insurance cover letter must be sent within 2 weeks of application.
- ☑ Cheque, money order or credit card details.

A corporate training/educational applicant who provides an approved modality must submit the following documents with the application please submit details:

- ☑ A copy of the academic transcript that has been certified showing details of the subjects and hours required per subject (please do not send original).
- ☑ A copy of the teaching institution prospectus and course curriculum that has been certified (please do not send original)
- ☑ Copy of Professional indemnity insurance or if applying through our brokers a copy of application. Insurance cover letter must be sent within 2 weeks of application.
- ☑ Cheque, money order or credit card details.

In all cases the ACONT reserves the right to request additional documents as required. Failure to submit requested documents may result in rejection of the application.

Persons to Certify Documents

- Accountants & Registered Tax Agents
- Bank Managers
- Clerks of Courts
- Commissioner for Declarations
- Judges
- Police Officers
- Postal Managers
- Pharmacists
- Australian Consular or Diplomat
- Barristers and Solicitors
- Commissioner of Affidavits
- Members of Parliament
- Justice of the Peace

Membership Rates

ACONT Membership annual renewal date is 1st January.

Rates are pro-rata which are calculated quarterly, this includes all fees, qualification verification and processing of your application.

Membership Type	Rates P.A.(Yearly)
Schedule 1 Practitioner Membership	\$150 pa
Practitioner Membership	\$120 pa
Corporate Membership	\$100 pa
Student Membership	\$50 pa

All prices are in Australian Dollars and include GST.

Payment Options

By Cheque – Payable to: ACONT
Post to: ACONT 35 Careniup Ave, Gwelup WA 6018 Australia.

Money Order – Payable to: ACONT
Post to: ACONT 35 Careniup Ave, Gwelup WA 6018 Australia.

Credit Cards – We accept Visa & Mastercard.
Register by phone on (08) 9447 7202 or
Post details to: ACONT 35 Careniup Ave, Gwelup WA 6018 Australia.

Internet Banking -
Bank: National Australia Bank
Branch: Warwick, WA - Australia
Account Name: ACONT
BSB: 086 122
Account Number: 82627 3419
Subject Reference: Type your name so we know from whom the payment is from.

Mail Applications To:

ACONT
35 Careniup Avenue
Gwelup WA 6018
Australia

ACONT Association Objectives

- To promote and develop the use of natural therapies in health care.
- To promote an appreciation of preventative health care using natural therapies and products including magnetic therapies and products.
- To promote and provide educational courses and materials in the use of natural and magnetic therapies.
- To make representation to relevant Government authorities, agencies and bodies on behalf of the members.
- To establish and maintain a free flow of natural medicine information between manufacturers, practitioners and the general public.

Code of Ethics

Code of Ethics

1. Introduction

1. This Code of Ethics describes the professional standard of conduct expected of natural and traditional therapists so as to preserve and enhance the reputation of ACONT Inc., the practice of natural therapies and to protect the general public.

2. The Ethics Committee reserves the right to amend the Code of Ethics as and when it is deemed necessary.

2. Duty of Care

1. The primary professional duty of a practitioner is to competently assist the patient to optimum health, considering the circumstances of the patient's condition.

2. The practitioner shall always maintain the highest standards of professional conduct and duty of care to the patient.

3. Under no circumstances shall a practitioner knowingly undertake any action or treatment that would adversely affect the health of a patient or fellow human being.

3. Professional Conduct

1. The practitioner shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, age, sex, colour, ethnic origin, differing abilities, sexuality, creed, marital status, culture, political views or social standing.

2. Proper conduct must always be paramount in practitioners' relations with patients. Practitioners must behave with courtesy, respect, dignity and discretion. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the mental outlook of the patient and a belief in a progression towards good health practices.

3. A practitioner should not enter into an intimate or sexual relationship with a patient whilst the patient is under their care.

4. A practitioner can practice only the natural and/or traditional therapy discipline/s in which she/he is accredited.

5. The practitioner is to recognize a responsibility to give the generally held opinions of the relevant discipline when interpreting and conveying scientific or empirical knowledge to patients or to the general public, and where one presents any personal opinion which is contrary to the generally held opinion of the discipline, clearly indicate that this is so.

6. A practitioner shall not provide false information on documents used for health fund rebate purposes.

7. The practitioner shall not use unsafe or improper practice.
8. Practitioners shall at all times show due respect and cooperate with practitioners of other disciplines.
9. Practitioners must never claim to "cure". The possible therapeutic benefits may be described as "recovery", but this must never be guaranteed.
10. A practitioner shall at no time take part in, or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of natural and traditional therapies or ACONT Inc within the general community or in any professional circles.
11. Practitioners should ensure that they are medically, physically and psychologically fit to practice.
12. A practitioner should not attend to a patient or clinic whilst under the influence of alcohol, drugs or other substance that would impair their judgement. It would be considered inappropriate for a practitioner to smoke or consume a tobacco product in the clinical setting.
13. A practitioner shall not use their professional connections or affiliations in an unconscionable manner.
14. A practitioner shall not knowingly breach the Commonwealth Therapeutic Goods Act and Regulations, or the equivalent State legislation.
15. A practitioner shall be aware of notifiable diseases pertinent to their state or territory legislation.

4. Confidentiality

1. A practitioner may not disclose information obtained in confidences from or about a patient unless consent has been given.
2. Patient records are kept confidential at all times and access restricted to the practitioner or assistant, except:
 - (a) in an emergency or other urgent situation where the information may prevent possible injury to the patient or the other person
 - (b) where required to do so by the law.

5. Patient Record

1. The public are entitled to expect that a practitioner will maintain a good standard of practice with full records. This includes: (a) name, address, telephone, date of birth; (b) details of health history; (c) dates of treatment; (d) details of remedies prescribed.
2. Patient records are to be kept indefinitely in safe and secure storage.

6. Advertising

1. A practitioner shall not advertise or lay claim to secret or exclusive methods of treatment.
2. In the advertising of a practitioner's skills and services, due regards should be paid to the following:
 - (a) Practitioners shall not use titles or descriptions that give the impressions of medical or other qualifications to which they are not entitled.
 - (b) A practitioner shall only advertise in a proper and professional manner for the purpose of informing members of the general public as to their location details and areas of specialised practice.

7. Stationery

1. A practitioner is responsible for the issue of their own receipts and their own personal receipt books.
2. A practitioner shall not allow their receipt books to be shared or used by other practitioners (including unqualified practitioners).

8. Breach of Code of Ethics

1. A breach of any aspect of this Code of Ethics will make the practitioner subject to disciplinary action in accordance with the mechanism described in the Complaints Procedures of ACONT Inc (available on application where appropriate).

9. Professional Indemnity Insurance

1. ACONT Inc has a policy that members, who are currently in practice, should have adequate Professional Indemnity Insurance cover.



My Details

First Name Surname

Postal Address

Suburb

State Postcode

Telephone Mobile

Email Web

Certificate

Gender Female Male Name you wish to be issued on Certificate i.e. Mrs. Joanne R Smith

Date of Birth Country of Birth

Do you have residency or permit to work in Australia? Yes No

Have you been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body or been expelled from another association? Yes No

If yes, give details

Membership Category

I wish to apply for the membership category of: Schedule 1 Practitioner Student Corporate

Have you been a previous member of ACONT? Yes No If yes, membership number

Educational Qualifications (Accredited and Student members only) Name of qualification

Name and address of teaching institution you attended

Date of qualification

Were any of the subjects studied for the above qualification undertaken entirely by distance or other off - campus study? Yes No

If yes, please attach a separate piece of paper providing details of the subjects undertaken off - campus.

Other educational credentials

Name of other complementary medicine association/s of which you are a member:

Corporate Membership Details (For Corporations, Training & Education Facilities only)

Details Details of Services/Products or Education you provide (You may attach pages for extra detail)

Corp. Name ABN/ACN

Address

Suburb State Postcode

Telephone Mobile

Email address Web

Corporate Name you wish to be issued on Certificate i.e. XYZ Corporation Limited

Certificate

Clinic Details

Clinic Name

Clinic Address

Suburb

State Postcode

Clinic Phone Mobile

Email

Web address

Do you offer a mobile service? Yes No Do you make home visits? Yes No

Are you fluent in a language other than English? Yes No

If yes, please specify

Referred by

If referred by ACONT member fill in details otherwise leave blank.

Privacy

Do you wish for your name, ACONT member number, clinic suburb, clinic phone number, and your accredited modalities to be advertised in the ACONT Membership Directory and ACONT website? Yes No

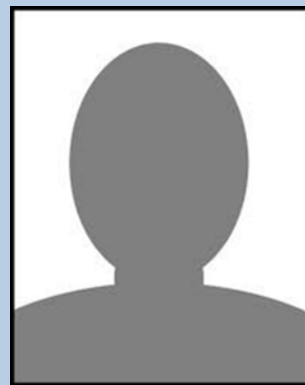
May ACONT use your email address to send you information relevant to the natural medicine profession? Yes No
(Note: Except where authorised by you, or where required by Law, ACONT will never supply our email address to a third party.)

Checklist

Applications cannot be processed until all required documents are received. Please see above pages for the complete list of documents required.

I have attached all of the documents required: Yes No

Affix Photo ID below



Membership Fees (prices include joining fee and GST)

Full year	Fee
Schedule 1 - Practitioner	\$150.00
Practitioner	\$120.00
Corporate	\$100.00
Student	\$50.00

Payment Details

  Cheque/money order
Payable to: Acont

Card number

Expiry date Amount enclosed \$

Name of card holder

Signature of card holder

I declare that the information in this application and supporting documentation is true and correct, and agree to abide by ACONT Code of Ethics, official ACONT policies and provide the highest professional conduct in all aspects of my practice.

Signature Date / /

Mail this application to: **ACONT, 35 Careniup Avenue, Gwelup WA 6018, Australia**