4/219-221 Park St
South Melbourne, VIC 3205

E: info@australiancolonhealth.com

P: 0396908948

W: www.australiancolonhealth.com

Australasian Register of Colon Hydrotherapy
Application for Membership

Personal Details

Name: _____

Postal Address: _____

_____

Email: _____

Website: _____

Mobile: _____ Landline: _____

Membership Fees 1st July 2018 – 1st July 2019

$150 per year

PAYMENT DETAILS:

Electronic Funds Transfer: Account Name: Australian Colon Health PTY LTD, Bank: ANZ, BSB:013278 ACCOUNT:451053363.

PLEASE REFERENCE YOUR FULL NAME SO WE CAN IDENTIFY YOUR PAYMENT.

Qualification Details:

Where did you undergo your training in Colon Hydrotherapy, and what is the title of the training program?

Please provide contact details for the training facility such as name of facility, address, phone number, website and email. Please provide a copy of your training certificate.

What other (if any) training or experience in health do you have? Please list facilities attended, years of experience etc.

Do you operate your own colon hydrotherapy practice? Y N

Please give details of the practice such as business name, location, owners name, website:

_____

_____

_____

_____

Is the operator of the practice a Professional Member of ARCH? Y N

What system of Colon Hydrotherapy are you using?

☐ Dotolo
☐ Hydromat
☐ Other _____

Are you using any other systems, apart from the above? Y N

If yes, what is the system? _____

You will need to provide evidence that you are using the ARCH approved equipment. You will need to attach a photo of the equipment setup, and/or a receipt of purchase.

Are you using disposable speculums and hoses? Y N

If you are using disposable speculums and hoses, and the photo evidence attached does not clearly indicate this, you will need to provide a recent receipt for purchase of disposable speculums and hoses.

Do you have a Level 2 First Aid Certificate? Y N

If yes, you will need to provide a copy of the certificate.

Do you have Professional Indemnity Insurance to the value of at least $5 Million (AUD)? Y N

If yes, you will need to provide a copy of the insurance certificate.

Declaration

I declare that the above information is true to the best of my knowledge.

I have attached copies of all necessary documents, and I understand that my First Aid Certificate must be kept current in order for me to continue my membership.

I understand that ARCH will carry out an annual audit of my clinical operations with regard to approved equipment.

I understand that I will receive advice as to the outcome of my application.

Name _____

Signature _____

Date _____

Please post or email to:

4/219-221 Park St, South Melbourne, Victoria 3205.

Email: info@australiancolonhealth.com

Phone: 03 9690 8948