

TEACHER APPLICATION FORM

(Office use only T.....)

Please print clearly in capital letters

First Name: Surname:

Postal Address:

Suburb: State: Postcode:

Country: Mobile:

Telephone home: (.....) work: (.....)

Email:

Current IFA Membership Number M..... Years of Full membership with the IFAyears

Will you be seeking employment with an IFA accredited Course Owner? **YES / NO**

How many years have you been practising Aromatherapy? Average Hours/Week:

Describe your work experience since qualifying as an Aromatherapist, including any teaching experience.

Give your employers names, address, contact number, your position and the number of years in that position. If self employed, state business name, address, contact number and the number of years you have been self employed.

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Please supply affidavit stating hours of your clinical experience

IMPORTANT INFORMATION:

The person who is applying for this registration shall not advertise or inform students of his/her pending registration until such times as the IFA Council has granted that registration. If at any time the terms of the IFA registration are broken, the IFA Council has the right to withdraw this certificate. Full membership must be current to validate your Teacher status.

DECLARATION:

I have read and understood all of the points in this form and declare that the information given by me in this Application for Teacher Registration is accurate and true.

Signed: Dated:

Please check the following list of documents are attached to this application.

- Certificate IV in Workplace Training and Assessment (or the equivalent).
- Affidavit of clinical experience.

PAYMENT:

Annual fee of \$40.00 is payable as long as the applicant is a current and financial Full Member of the IFA (Australian Branch) Inc.

I enclose my: *(circle payment method)* Cheque / Money Order / Credit card for **\$40.00**

Please make cheque payable to the **International Federation of Aromatherapists**

Please charge this fee to my: *(circle one card)* Mastercard / Visa / Bankcard

Card number: Expiry date: /

Name on Card:

Cardholder signature:

Return to: **IFA (Australian Branch) Inc
PO Box 215
Burwood NSW 1805
Australia**