



REIKI AUSTRALIA  
*In Touch*

Office use  
only

Member #.....  
Invoice #.....  
Date.....

## Membership Application - Professional categories

*There is a non refundable administrative fee of \$40 due with this application. If your application is successful, you will receive an invoice for payment of your membership.*

Name:.....  Male  Female

Address:.....

Suburb:..... City:..... P/C.....

State:..... Country:..... D.O.B.:.....

Tel: W..... H..... Mob.....

Fax:..... E-mail.....

*I would like to join in the following category of membership:*

- Reiki Practitioner** (You want to provide Reiki treatments to the public - Complete ALL sections)
- Reiki Master/Teacher** (You want to focus only on teaching Reiki – Complete all sections except C)
- Combined Reiki Practitioner & Master/Teacher** (You want to do both - Complete ALL sections)

Reiki Australia honours the lineage bearers and founders of practices as the authority for their own practice; each practice has its own descriptions and guidelines. In Reiki Australia, we honour the place of each form of practice.

### Section A Details of Reiki training

Many forms of healing, with a multitude of origins, are practised throughout Australia. A number of different branches or forms of Reiki are also taught and practised in Australia. As a Reiki membership association, Reiki Australia has a responsibility to ensure that applicants, particularly for professional membership categories offering services to the public, actually practise a form of Reiki, not another energy healing system.

**1. Were you physically present with the Reiki master giving the initiation/s**

*Initiation in person is a requirement for the professional categories*

Yes  No - Associate Membership is applicable

**2. Have you completed training and initiation in Reiki Levels 1 & 2**

*This is a requirement for all professional categories*

Yes  No - Associate Membership is applicable



**Section B Details of your form or branch of Reiki**

*If you are unable to provide some of the requested information regarding your lineage of initiation (above) or the form of Reiki that you practise, or if the form of Reiki practice you describe is not known to Reiki Australia, you may be asked to provide additional information so that your practice can be matched against known forms. An additional fee may be charged for this service.*

**9. What is the name of your practice?** *If you have been trained in more than one form of Reiki, what is the name of the form that you teach or use when you provide Reiki treatments*

**10. Name the person who is acknowledged as the lineage bearer or head of your form/branch of Reiki**

**11. Were you taught how to give yourself a Reiki treatment?**

- Yes                       No

**12. Were you taught a procedure for the treatment of others?**

- Yes                       No

**13. Were you taught a procedure for treating people at a distance with Reiki?**

- Yes                       No

**14. Were you taught to use any Symbols?**

- Yes                       No

**15. Does this form of practice include principles or precepts? Is so, please list them as they were taught to you:**

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**Section C Details of your treatment practice – for applicants of Reiki Practitioner category only**

Reiki treatment practitioners must be able to clearly describe their Reiki treatment and any additional services offered, in order for clients to give informed consent. Gaining informed consent prior to the Reiki treatment is a requirement of the Reiki Australia Code of Ethics and the legally binding National Code of Conduct for Healthcare Workers. To give informed consent a client must have sufficient information to understand the nature, the potential benefits and any risks of their choice of treatment. In this section you are asked to provide details of your Reiki treatment.

The following checklist will provide you with an indication of the various aspects of your treatment that should be explained to your client prior to commencing treatment.

	YES	NO	Sometimes	Comments/explanations/examples
<i>Do you work with your hands on the body?</i>				
<i>Do you work with your hands off the body?</i>				
<i>Are your treatments conducted with the client seated?</i>				
<i>Are your treatments conducted with client lying down?</i>				
<i>Are initiations/blessings included as part of your treatment practice?</i>				
<i>Do you provide distant/absent/remote Reiki treatments?</i>				
<i>Do you include <u>additional</u> practices within a Reiki treatment, e.g. psychic/intuitive reading, the use of crystals or oils, or other healthcare modalities? If so, please list them.</i>				
<i>If 'yes' to the above, do you explain to the client and gain informed consent?</i>				
<i>Do you have a particular treatment procedure for chronic conditions?</i>				
<i>Do you have a particular treatment procedure for acute conditions?</i>				
<i>Do you seek any information from a client the first time you see them, e.g, contact details, reason for attending, medication they are taking?</i>				
<i>Do you provide information to a first time client about what they might experience during, and possibly after, their Reiki treatment?</i>				
<i>Do you keep records of Reiki treatments you provide?</i>				

**Treatment of the genitals or breasts**

Where there is a clear clinical basis for placement of hands over the genitals or breasts, either on or off the body, as part of the Reiki treatment, the Reiki treatment practitioner must obtain signed consent from the client prior to treatment; the client can then receive treatment appropriate to their condition. These steps are essential to prevent misunderstandings and the perception of inappropriate touching or sexual misconduct.

17. Do you treat the breasts or genitals?  Yes  No  Sometimes

18. If yes or sometimes, will you gain prior written consent?  Yes  No

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19. Do you generally use a routine set of hand positions for your treatments?  Yes  No

20. Are your hand positions mainly determined by intuition during a treatment?  Yes  No

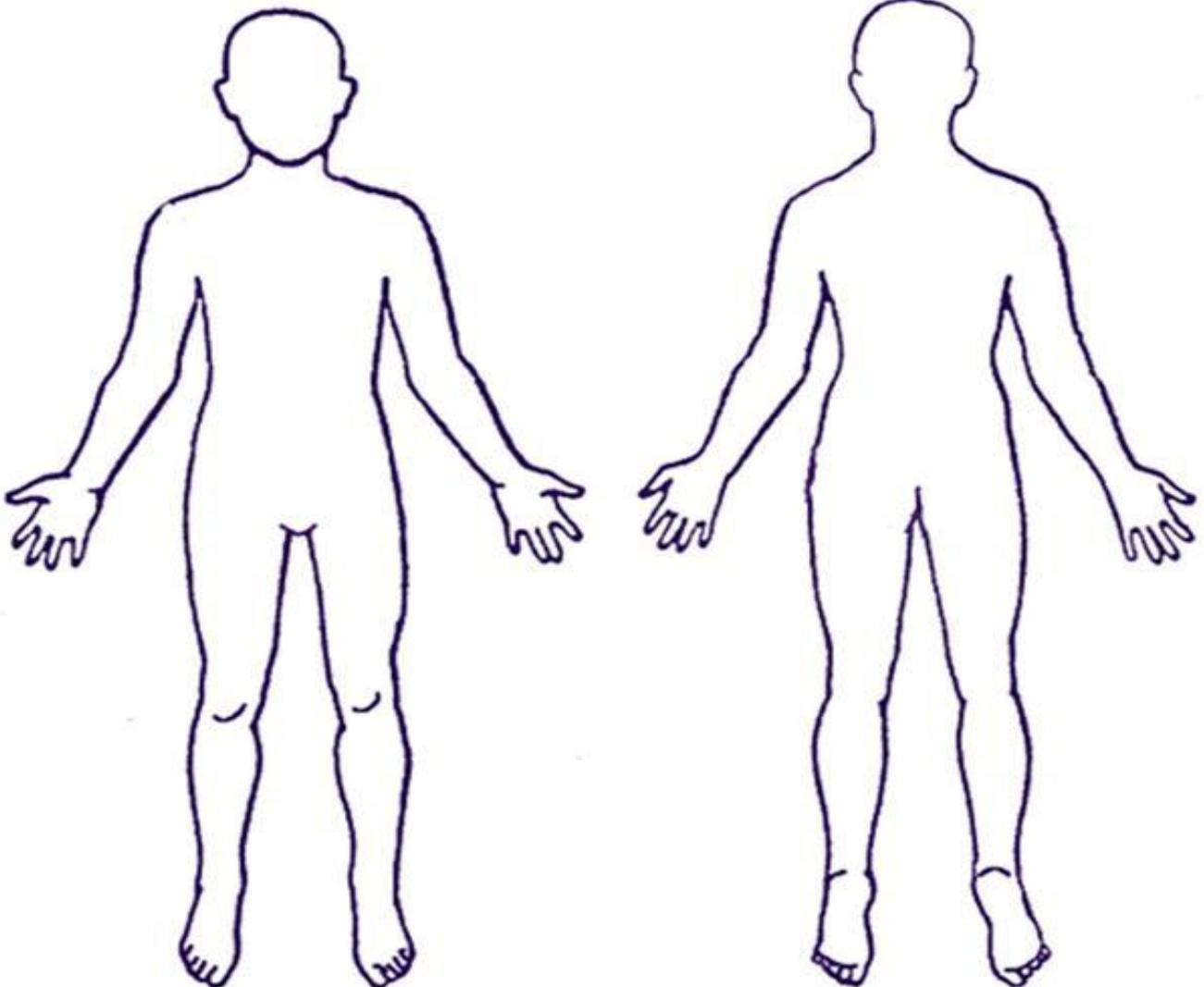
If Yes, please mark the hand positions that you were taught.

If No, please mark any hand positions that you use.

FRONT

BACK

Please use circles to show positions for a basic treatment. Also mark any additional hand positions.



21. Are you already established in a public/professional practice of Reiki?  No  Yes

*If yes, please specify where. e.g. home, clinic.....*

22. ABN and Business name if applicable: .....

.....

23. Do you hold current public liability and professional indemnity insurance for the Practice of Reiki?

*Holding current insurance is a requirement for this category*

Yes, please specify insurance company name:.....

*Policy No: .....Expiry Date:.....*

No, please send me insurance information

24. Do you hold a current First Aid certificate?

Yes, I have enclosed a copy of my First Aid certificate\*, valid until.....

No – **PRACTITIONER APPLICANTS:** Once your membership is finalised, you will be required to provide Reiki Australia with a copy of your First Aid certificate to keep your profile page active beyond **6 months**.

- **MASTER/TEACHER APPLICANTS:** While a current First Aid Certificate is not a requirement of this category, it is highly recommended.

\*Approved training course is currently **'Provide First Aid HLTAID003'**

**NB: One of the requirements of the National Code of Conduct for Health Care Workers is that a healthcare practitioner must be able to provide their clients with immediate first aid if an adverse event were to occur.**

25. What other health-related professions are you qualified in?  None

Nursing  Massage  Naturopathy  Homeopathy  Psychology

Counselling  Other.....

*Note: Other health-related modalities may be listed on your Reiki Australia website profile page if you are suitably qualified and specifically covered by your insurance policy*

26. Basic details for your Profile Page on Reiki Australia's Website

State: .....Post Code.....Location:.....

Name:.....

Business Name:.....

Form/Branch/Style of Reiki Practice.....

Phone No 1: .....Phone No 2: .....

Email:.....

Your website URL: http://www.....

**Section E Agreement & Declaration**

*I understand that my eligibility for membership is dependent on this application and relevant supporting information being accepted, and on my agreement to uphold Reiki Australia's Mission, Vision, Values and Aims.*

(ALL Applicants) I agree to uphold Reiki Australia's Mission, Vision and Values\* and support the following organisational Aims:

- Promotion of Reiki as a spiritual practice and healing art
- Community connection and enrichment for Reiki practitioners and masters
- Professional development for Reiki practitioners
- Integration of Reiki into mainstream facilities
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(ALL Applicants) I confirm that I have read and agree to abide by the Reiki Australia Code of Ethics

(Reiki Practitioner and Combined categories applicants only) I confirm that I have read and agree to abide by the Reiki Australia Code of Professional Conduct

\* Mission, Vision and Values, the Code of Ethics and the Code of Professional Conduct are available for reference on our website [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)

**CONDUCT: Please answer each of the 3 questions below:**

Have you ever been, or are you in the process of being investigated by a complaints, standards or professional conduct committee/commission/board?  Yes  No

Have you ever been convicted of a criminal offence (not including traffic offences)?  Yes  No

Have you ever been refused membership or had membership put on probation/stood down or cancelled by a professional or regulating body, community group or any other organisation or association?  Yes  No

Signature: .....Date:.....

Please print name in full:.....



