



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ P.Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Wk: \_\_\_\_\_ Hm: \_\_\_\_\_ Mob: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

*I hereby apply to become a member of Gendai Reiki Network Australia, (please tick category) and agree to abide by the standards of the association. I declare that all of the information contained in this application is true and correct.*

- Member: Shoden, Okuden, Shinpiden, Gokuikaiden *(please complete Form 1)*
- Practitioner: Shoden, Okuden, Shinpiden *(please complete Form 2)*
- Master: Gokuikaiden *(please complete Form 3)*
- Supportive Member

I am not attuned to Reiki, but support the efforts of GRNA  
 I agree to pay the fee of \$100  
*please complete payment form attachment (f)*

Signature of applicant \_\_\_\_\_ date \_\_\_\_\_

**On completion please send Remittance and/or Application form to:  
 Gendai Reiki Network Australia P.O. Box 34 FEDERAL NSW 2480 ATTN Ms Michelle  
 McIntyre Treasurer GRNA**

<p><i>OFFICE USE ONLY</i>          Date Rec'd _____ Date Approved _____ Paid: Ch/MO/ET/CC</p>
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**FORM 1: MEMBER *(not practicing professionally)* \$35**



Please tick boxes where appropriate

**i) I have been attuned to Reiki in the Gendai Reiki ho tradition**

Shoden

Okuden

Shinpiden

Gokuikaiden

Copy of Certificate attached

**ii) With a Reiki Master who:**

is member of a Gendai Reiki Healing Association Japan Yes/No

is a member of Gendai Reiki Network Australia Yes/No

Master's Name: \_\_\_\_\_

Lineage: \_\_\_\_\_

ph: \_\_\_\_\_ email: \_\_\_\_\_

*Applications falling outside these criteria will be considered, please attach a supporting letter and declaration.*

**iii) I have undertaken training in another Reiki lineage, or another healing modality Yes/No please complete attachment (e) if Yes**

**iv) I will not be charging a fee for sessions or practicing professionally**

**v) I have signed and agree to abide by the GRNA Code of Ethics**

( Attachment (a) )

**vi) I agree to pay the fee of \$35**

*please complete payment form attachment (f)*



## FORM 2: PRACTITIONER \$50

Please tick boxes where appropriate

i) I have been attuned to Reiki in the Gendai Reiki ho tradition to the level of:

Shoden  Okuden  Shinpiden

Copy of Certificate attached

ii) With a Reiki Master who:

is member of a Gendai Reiki Healing Association Japan Yes/No

is a member of Gendai Reiki Network Australia Yes/No

Master's Name: \_\_\_\_\_ Lineage: \_\_\_\_\_

ph: \_\_\_\_\_ email: \_\_\_\_\_

*Applications falling outside these criteria will be considered, please attach a supporting letter and declaration.*

iii) I have undertaken training in another Reiki lineage, or another healing modality  
Yes/No please complete attachment (e) if Yes

iv) I take a fee for sessions

v) I am employed in a professional  and/or volunteer arrangement

vi) I have current Public Liability and Professional Indemnity insurance

Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Copy Attached

**OR** I require Public Liability and Professional Indemnity insurance

please send me an application form Yes/No

*alternatively please complete application form online at [www.gendaireiki.org.au](http://www.gendaireiki.org.au)*

vii) I have signed and agree to abide by the GRNA Code of Ethics

*Attachment (a)*

viii) I have completed the Declaration of Practice for Practitioners

*Attachment (b)*

ix) I wish to be listed on the GRNA practitioner referral web page

*if yes please complete attachment (d) with details you wish to be listed*

x) I agree to pay the fee of \$50

*please complete payment form attachment (f)*



**FORM 3: MASTER \$100**

*lease tick boxes where appropriate*

**i) I have been attuned to Reiki in the Gendai Reiki ho tradition to the**

level of: Gokuikaiden

Copy of Certificate attached

**ii) With a Reiki Master who:**

is member of a Gendai Reiki Healing Association Japan Yes/No

is a member of Gendai Reiki Network Australia Yes/No

Master's Name: \_\_\_\_\_

Lineage: \_\_\_\_\_

ph: \_\_\_\_\_ email: \_\_\_\_\_

*Applications falling outside these criteria will be considered, please attach a supporting letter and declaration.*

**iii) Master Declaration of Practice**

*Please note a category of Provisional Master exists for individuals who have only recently reached Gokuikaiden level . Please indicate your willingness to practice in accordance with the following guidelines by ticking the relevant boxes.*

I \_\_\_\_\_ hereby declare that I,

**a.** Will  or have been practicing daily  the Gendai Reiki ho purification and growth techniques as outlined in the Gendai Reiki ho manuals.

**b.** Will  or have been practicing professionally  in alignment with Gendai Reiki ho manuals for at least a year.

**c.** Will  or have attended  2 or more Gokuikaiden review seminars with GRNA or GRHA certified Gendai Reiki ho Master.

**d.** Will  or am attending  regular Koryukai or Reiki exchanges OR

**e.** Will  or am holding  regular Koryukai for my own students.

**f.** Am committed to attending Gendai Reiki ho Master study groups.

**iv) I have undertaken training in another Reiki Lineage, or another healing modality  *Please complete attachment (e) if this box is ticked.***



v) I have attended, or made application to attend an interview with the Gendai Reiki ho Australian representative as appointed by Doi Sensei

vi) I have current Public Liability and Professional Indemnity insurance  
Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Coy  
Attached

**OR** I require Public Liability and Professional Indemnity insurance   
please send me an application form Yes/No  
*alternatively please complete application form online at  
www.gendaireiki.org.au*

vii) I have signed and agree to abide by the GRNA Code of Ethics   
*Attachment (a)*

viii) I have completed Declaration of Practice for Masters   
*Attachment (c)*

ix) I wish to be listed on the GRNA practitioner referral web page   
*if yes please complete attachment (d) with details you wish to be listed*

xi) I agree to pay the fee of \$100   
*please complete payment form attachment (f)*

***Attachment (a)******Gendai Reiki Network Australia Code of Ethics***

1. The member's intention is always to support the health and wellbeing of the client.
2. The client is entitled to truth, confidentiality and respect.
3. The client has the right to refuse any form of treatment or disregard advice.
4. Members shall not refuse a client on the basis of sex, race, religion, sexual orientation or political belief.
5. Members shall not refuse or withdraw services without reasonable cause. Some examples of "reasonable cause" are the member's personal safety, or if an illegal or unjust action is taken or proposed by the client.
6. Members should retain accurate and up-to-date records for the client in a secure location. Such records must be considered confidential. No information contained in the records should be released without the prior written consent of the client unless there is a legal requirement to do so ( eg the service of a valid subpoena)
7. Members should dress in a professional manner consistent with the holistic service being provided.
8. Members shall not take physical, sexual, psychological or financial advantage of the client.
9. Members must not interfere in any way with the client's personal affairs.
10. Members shall not practice or teach Reiki if they are affected by any condition or substance which compromises the quality of their services.
11. Members will never ask or permit a client to disrobe.
12. Members will never touch the genital or anal areas or breasts or areola of their client. Nor will the client be permitted to touch a practitioner in such manner.
13. When the client has given permission for "hands-on" therapy, members shall use light hand pressure on the client's body. There is no need to rub or manipulate any body part. If the client has not given permission for "hands-on" therapy, the member will complete the Reiki session with the hands above the body.
14. Members must not overreach their limits of competence and training.
15. Members must not claim that Reiki can cure any medical, psychological, nor any other condition.
16. Unless qualified to do so, members must not diagnose, prescribe medication or advise a client to cease taking medication.



17. Members should refer a client to another practitioner or organization if necessary.
18. If the member uses another therapy in conjunction with Reiki, it must be explained to the client and consent obtained.
19. Members should continually improve their knowledge and skills.
20. Members should encourage public education and awareness of Reiki and the development generally of health-enhancing lifestyles.
21. Teaching members should not encourage the practice of Reiki by persons who are untrained or not competent.
22. Teaching members should not grant certificates to anyone whose skills or ethical conduct they have a valid reason to doubt. Teaching members should report such cases to GRNA.
23. Advertising should be discrete, offering information about the qualifications of the practitioner and the therapy and treatment available.
24. Any use of the GRNA logo is subject to approval by the GRNA board.
25. Members agree that any breach of this code may leave them subject to legal or other action by GRNA including loss or suspension of membership and /or publication of their breach to members and others.
26. Members acknowledge, in particular, that any breach of 10,11,12 or 13 will result in immediate suspension and termination of their membership.
27. Members are responsible for reporting any breaches of this Code by another member to the Board of Management of GRNA
28. Members acknowledge that a Code of Ethics cannot be exhaustive and they must behave in a manner consistent with the ethical standards of the country in which they reside.
29. It is understood that GRNA is not legally liable for actions or lack of them on the part of members in fulfilment of their membership of GRNA.

I, have completed the GRNA membership form accurately and honestly and I agree to abide by the GRNA Code of Ethics. I understand it is also my responsibility to abide by any Federal, State or local laws relating to Reiki and any other therapy which I practise.

I have no knowledge of any incident, civil claim, license revocation or ethics violation hearing past, present or pending against me.

I have never been the subject of any investigation, charged, or found guilty of an offence involving sexual misconduct or other assault.



I attest that no disciplinary action is pending against me in relating to my practice of Reiki or the integrative modalities listed on my application.  
I attest that I have completed all of the required training and certification for Gendai Reiki and the integrative modalities I have listed on my application.

(Signed)

(Dated)

Notes:

Reference to “client” in the Code of Ethics includes “student”





**Attachment (d)****Website Referral Details**

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

—  
Business Name: \_\_\_\_\_

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

ABN/ACN \_\_\_\_\_

Telephone: \_\_\_\_\_

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

—  
URL: \_\_\_\_\_—  
Practitioner or Master: \_\_\_\_\_

NB Unless otherwise requested, any and/or all of the above details will be listed on the referral site.

**Referral Authorization – P and M ONLY**

**I authorize the Gendai Reiki Network Australia to give my name and phone number to members of the public, and to list my details as above on the GRNA website.**

**I understand that any referrals made by the GRNA to me are undertaken solely at my own risk and that the GRNA is not responsible for the consequences thereof in any way whatsoever.**

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  
Signature

***Attachment (e)******APPLICANT'S HISTORY***

Please list any prior Reiki training:

<b>Date</b>	<b>Tradition</b>	<b>Master</b>	<b>Contact Details</b>

**Attachment (f)****PAYMENT DETAILS**

Please accept my payment for membership with GRNA in the category of:

Please tick:

- Member: Shoden, Okuden, Shinpiden, Gokuikaiden **\$35**
- Practitioner: Shoden, Okuden, Shinpiden **\$50**
- Master: Gokuikaiden **\$100**
- Supportive Member: *not attuned to Reiki* **\$100**

**Payment Authority**

- Cheque or  Money Order Enclosed for \$ \_\_\_\_\_
- Electronic Funds Transfer \$ \_\_\_\_\_

Electronic Funds Transfer Payment to Sydney Credit Union

BSB **802-084** Account No. **105773**

Please note if you are choosing this option please use your full name as a reference.

Signature \_\_\_\_\_ date \_\_\_\_\_

Please print your name in full \_\_\_\_\_

**Please send Remittance and/or Application form to:**

**ATTN: Patrice Laslett, Treasurer GRNA**

**Gendai Reiki Network Australia, PO Box 3567, Australia Fair, Qld 4215**

**E: [plaslett@bigpond.net.au](mailto:plaslett@bigpond.net.au)**