



MEMBERSHIP APPLICATION

Name: _____

Address: _____

Suburb: _____ City: _____

State: _____ P.Code: _____ Country: _____

Tel: Wk: _____ Hm: _____ Mob: _____

Email: _____ Website: _____

<i>OFFICE USE ONLY</i>
Member No: _____
Invoice No: _____

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

<i>OFFICE USE ONLY</i>
Date Rec'd _____
Date Approved _____
Paid: Ch/MO/ET/CC



FORM 1: MEMBER (not practicing professionally) \$35

Please tick boxes where appropriate

i) I have been attuned to Reiki in the Gendai Reikiho 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 Reikiho 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

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

Please tick boxes where appropriate

i) I have been attuned to Reiki in the Gendai Reikiho 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) I have undertaken training in another Reiki Lineage, or another healing modality
Yes/No *please complete attachment (e) if Yes*

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

v) 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

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

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

viii) 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

ix) 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 (b)

PRACTITIONER DECLARATION OF PRACTICE

I _____ hereby declare that I,

- a) have been practicing daily the the Gendai Reikho purification and growth techniques as outlined in the Gendai Reikiho manuals.
- b) have been practicing professionally in alignment with Gendai Reikiho manuals for 6 months.
- c) am attending regular Koryukai or Reiki exchanges.
- d) am committed to attending professional development study groups.
- e) have attended 2 or more Gendai Reikho review seminars with a GRNA or GRN certified Gendai Reikiho Master to the level of my present certification.

Please provide details of any variation to above criteria for consideration by the board

Signature of applicant _____ date _____



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 (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

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:
Gendai Reiki Network Australia P.O. Box 34 FEDERAL NSW 2480 ATTN Ms Michelle McIntyre Treasurer GRNA