

**Application for Professional Membership of the Australian Reiki Connection Inc.  
The Association of Australian Reiki Professionals**

**Professional Membership** of the Australian Reiki Connection Inc. (ARC) is applied for by completing this four page form and by providing **all** the requested documents. Membership is granted only after the completion of a number of stages in the application process. **ALL four pages must be returned** to ensure a valid application. **NO Payment is made now.** An Invoice will be issued after your application is received for immediate payment. As an Incorporated Association we are required to gather information in order to offer Membership. Should you require clarity on the application process email: [membership.arc@australianreikiconnection.au](mailto:membership.arc@australianreikiconnection.au)

**Your Privacy**

- Australian Reiki Connection Inc. will protect your personal information. ARC Inc. is subject to the National Privacy Principles (NPP) as set out in the Privacy Act 1988 (Commonwealth). The NPP governs the way we collect, use, disclose & secure information about you. The NPP permits you access to the information we hold about you in order to correct/update it.*

Your Title\*\*: **Ms / Miss / Mrs / Mr** (please indicate/circle your applicable choice \_ **\*\*required**)

Your legal NAME in full: \_\_\_\_\_

Do you use any other NAME(S): \_\_\_\_\_

Your HOME/RESIDENCE Address (Unit Number/Street Number and Street Name)

\_\_\_\_\_

Suburb/City: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

Your WORK (Reiki Business) Address (Unit/Street Number and Street Name) (**Only** if different from HOME above)

\_\_\_\_\_

Suburb/City: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

Your POSTAL Address: (**Only** if different from above addresses)

PO Box No: \_\_\_\_\_ Suburb/City: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

Your MOBILE PHONE No: \_\_\_\_\_

Your BUSINESS MOBILE PHONE No: \_\_\_\_\_ (**Only** if different from above)

Your EMAIL ADDRESS: [PLEASE WRITE CLEARLY AND CAREFULLY]

\_\_\_\_\_

Your BUSINESS EMAIL ADDRESS: (**Only** if different from above) [PLEASE WRITE CLEARLY AND CAREFULLY]

\_\_\_\_\_

The Australian Reiki Connection Inc. (ARC) communicates with Members only by Email. It is important your contact Email Address and **all** of the above details remain correct and up to date. Certificates of Membership are **ONLY** sent by Email. **ANY/ALL** changes should be notified immediately by email to: [membership.arc@australianreikiconnection.au](mailto:membership.arc@australianreikiconnection.au)

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**WHERE** did you learn about the Australian Reiki Connection Inc. (ARC) : \_\_\_\_\_

**WHY** do you wish to join the Australian Reiki Connection Inc. (ARC) :

\_\_\_\_\_  
**WHAT** benefit(s) do you expect by joining the Australian Reiki Connection Inc. (ARC) :

\_\_\_\_\_  
There are **two** Category of Professional Membership in ARC:

Please indicate your currently preferred Category of Membership in ARC:

**Choose ONE\***

**\* ( ) APPM: Professional Reiki Treatment Practitioner Member / NON Teaching**

**\* ( ) APTM: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher**

The initial Category of Membership offered will be confirmed to you by ARC.

The form of practice (branch) of the Usui System of Reiki (NOT the Level(s) of Reiki) in which, you have been in-person trained and hands-on attuned, in the physical presence of your teacher(s), will be written on your certificate of attunement as one of the following four;

**Usui Shiki Ryoho (Usui System of Natural Healing) / Komyo Reiki**

**Usui Reiki Ryoho (Traditional Usui Reiki) / Gendai Reiki Ho**

The Australian Reiki Connection Inc. accepts the following **Reiki Level(s)/Qualification(s)**

**Reiki Level I/Shoden - \*\*Non Professional\*\***

**Reiki Level II/Okuden - \*\*Professional Reiki Treatment Practitioner\*\***

**Reiki Level III/A - \*Master Practitioner\* (when Master teacher level is taken in two parts)**

**Reiki (Level III/B) Master Teacher Level/Shinpiden - \*\*Reiki Master Teacher\*\***

The following requirements are applied to all applicants.

There should be an interval of a minimum of 21 days however, preferably 2-3 months having passed between the completion of Reiki Level I and training in Reiki Level II.

There should be an interval of preferably one year having passed between the completion of Reiki Level II and the **commencement** of Reiki Master / Teacher Level [Teaching Master] training and during this time it is envisaged that the Level II was **practicing** as a professional Reiki Treatment Practitioner.

A copy of the Teaching Lineage of **EACH** of your Reiki Teachers is required to show knowledge and understanding of the line through which your training comes.

*Your Lineage is a direct line back to USUI of only Teachers who made Teachers*

*Your lineage should display only the names of each teacher who trained the subsequent Reiki teacher to Master Level, from Usui to your Reiki Master/Teacher.*

The photocopies of the Teaching Lineage(s) do not need to be certified copies.

With this form the applicant must provide a "Certified-Copy" of any/all Reiki certificates of attunement.

*A certified copy is a photocopy of an Original document which is stamped, signed, and dated on the face/front of the copy stating that it is a true copy of the original document which has been seen by the \*qualified person who certifies it.*

*\*Justice of the Peace (JP) / Police Officer / Pharmacist and some others who are qualified.*

Should you require clarity on the above requirements email: [membership.arc@australianreikiconnection.au](mailto:membership.arc@australianreikiconnection.au)

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**Declaration by applicant**

I apply for membership of the Australian Reiki Connection Inc. (ARC) based on the information provided by me in this form and the attachments included with this form. All of the information provided in this application and in all annexures is true and correct.

*I agree to abide by the rules and standards under which the Association has been Incorporated to commit to and support the Mission of the Australian Reiki Connection Inc. and to abide by and conduct myself in accord with the ARC Code of Ethics ([View/Read here](#))*

*I confirm to have had only 'In-Person' training and 'Hands-On' attunement(s) in the Usui System of Reiki in the physical presence of my teacher(s) whose qualifications and practices are established as meeting the ARC Criteria for the Teaching of the USUI System of Reiki Amended/Revised 2015 ([View/Read here](#))*

*Professional Practitioners & Teachers further agree to abide by and conduct themselves in accord with the ARC Code of Professional Practice ([View/Read here](#)) and to respect the ARC Complaint Management and Reporting Process ([View/Read here](#)) which is used in the event of any complaint against a member of ARC.*

*I Agree to comply with the code-regulation regime 'A National Code of Conduct for health care workers' which applies to all health care workers who are not registered under the National Registration and Accreditation Scheme for health practitioners and to registered health care workers who offer health services not covered by their registration ([View/Read here](#))*

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Do you belong to another Professional REIKI Association? YES [ ] NO [ ]  
If yes, then please list in full the association(s) name(s) and the category of Membership you hold:

Do you belong to any other Professional Association(s)? YES [ ] NO [ ]  
If yes, then please list in full the professional association(s) name(s):

Do you belong to any other Group(s)/Organisation(s)? YES [ ] NO [ ]  
If yes, then please list in full the group(s)/organisation(s) name(s):

Your AUSTRALIAN BUSINESS NUMBER (Active Status [ABN](#)) is: \_\_\_\_\_

If you use a Business Name (a name other than your own personal name) that Business Name **MUST** be registered against your Active Status ABN under law. NEXT expiry Date: \_\_\_\_\_

If you only use your own personal name as your Business Name then please write that name here:

Your BUSINESS NAME is: \_\_\_\_\_

It is highly recommended to you, while your application is being processed by the ARC, that if you do not have a current/valid First Aid [HLTAID011] certificate that you arrange to obtain one. If you do have current/valid First Aid certification, then please include a copy with the application. Current Minimum required Certificate reference is: HLTAID011 - provide first aid.

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**Important Information:**

Please be advised that while ARC does not require payment when you submit your application form, an Invoice will be issued by ARC to you for immediate payment should ARC process your application. **Insurance / First Aid / ASIC Registration are NOT Invoiced to you by ARC.** These costs are all in addition to the ARC Fees you pay and are between you and the individual providers.

**Membership FEES - ARC is not registered to charge GST - All prices have a Zero\$ GST amount**

- Administration Joining Fee = AUD\$40.00 (Once off Payment)
- APPM: Professional Practitioner Member / NON Teaching = AUD\$80.00 (Annual Payment)
- APTM: Teaching Member / Professional Practitioner & Teacher = AUD\$100.00 (Annually)

**The FULL AUD\$40 (Once off) Administration Joining Fee applies regardless of when you join**

**The Annual Fees are charged as follows:** *Please Acknowledge with your initials:* \_\_\_\_\_

Applying between **1<sup>st</sup> September and 28<sup>th</sup> February** then you pay the full Membership Fee **renewing the next 31<sup>st</sup> August**

Applying between **1<sup>st</sup> March and 31<sup>st</sup> July** then you pay **50%** Membership Fee **renewing the next 31<sup>st</sup> August**

**Note: New Professional Applications will not be processed during the month of August.**

**If you require clarity on the Fee structure then please send SMS text to: 0432 997 422**  
***Annual Membership Fees are payable on or before the 31<sup>st</sup> August, each and every year.***

The fully completed application form and all required paperwork must be emailed to the ARC - thank you. Email: [membership.arc@australianreikiconnection.au](mailto:membership.arc@australianreikiconnection.au)

In the event you are applying for **APTM Teaching Member** category membership then it is required that an electronic copy of the teaching Manual you intend to use for each Level of Reiki you intend to teach is provided separate from the application to the ARC President for review/comment - thank you. email to: [president@australianreikiconnection.au](mailto:president@australianreikiconnection.au)

It is also preferred that, if it is your intention to use ARC's referred broker, Gallagher for your combined liabilities Insurance, that you **wait until you receive confirmation** of your membership number and **instructions on how to proceed** to obtain the discounted premium. If you do have current/valid Insurance, then **please include a copy of your current certificate of currency of Insurance with the application.**

Once the Australian Reiki Connection Inc. (ARC) has received the application paperwork and the requested documents an acknowledgement will be emailed to you advising you on the steps to be taken in the next stage of the process. **PLEASE check now that you have answered all questions.**

*Version: 2025\_02\_Ref:09/2024*