



I am currently a student in: (*X* which applies)	Program name	Student number	Commencement date & estimated completion year
<input type="checkbox"/>	<b>Program 1 :</b>	<input type="checkbox"/>	<b>Start:</b> <b>Finish:</b>
<input type="checkbox"/>	<b>Program 2</b> (if studying more than one qualification concurrently)	<input type="checkbox"/>	<b>Start:</b> <b>Finish:</b>
<b>Subject to change without notice at the sole discretion of the ACONT Board.</b>			

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Existing qualifications:</b>	
<b>Existing association memberships:</b>	

**Declarations**

Have you:

Answer YES or NO

1.	Ever had any professional membership refused, suspended, or withdrawn?.....	<input type="checkbox"/>
2.	Ever been subject to action of disciplinary nature relating to complementary medicine, natural therapies, massage, or allied health, or are there any investigations or proceedings, pending or current which may result in such action being taken?.....	<input type="checkbox"/>
3.	Ever been investigated or currently under investigation or have an investigation pending for offences against children?.....	<input type="checkbox"/>
4.	Ever been convicted of, or served any part of, a term of imprisonment, for any civil, criminal or police offence in Australia or overseas? (This excludes traffic fines that did not proceed to court.) .....	<input type="checkbox"/>
5.	Entered into a recognized arrangement which is still in force, in relation to any offence?.....	<input type="checkbox"/>
6.	A charge pending for any offence?.....	<input type="checkbox"/>

If 'YES' to any item (1 to 6), give detailed information on a separate sheet. All information provided is confidential.

I acknowledge and agree that:

1. Student Members are not authorised to engage in any clinical practice of Nutrition outside their educational clinical practicum training (unless participating in an upgrade program and already insured and accredited to practice Clinical Nutrition by another association in which case they must not hold themselves out to be a full ACONT member) and will have to apply for Practitioner Membership status upon transitioning from student to a graduated and degree qualified clinician.
2. The Board of ACONT or its representatives may at its absolute discretion, grant or refuse membership without assigning any reason.
3. The Board of ACONT or its representatives, shall have the power to ask for, or compel the suspension, or if necessary move for the disqualification and/or expulsion, of any member who contravenes the Constitution or Code of Conduct of ACONT and any other established ACONT policy, and/or brings the Nutrition profession into disrepute, and/or makes or produces a false or fraudulent statement or presentation, before the ACONT Board or its representatives.
4. The Board of ACONT or its representatives shall have the power to summon any member to appear before it, or before an Investigation Committee, Board of Examiners or Disciplinary Tribunal, always providing that fourteen clear days working notice has been given to the member.

**I solemnly and sincerely declare that:**

1. I am the person named and shown in the documents accompanying this application.
2. I am willingly bound and will abide by the ACONT Constitution and Code of Conduct (at [www.ACONT.com](http://www.ACONT.com))
3. Documentary evidence of my education and professional qualifications submitted with this application is true, remains current at the date hereof and no action is pending in respect thereto.
4. I am not a practicing Naturopath, nor the holder of any current Naturopathic accreditation with any Naturopathic association or similar.
5. This membership application is made on the basis of the truth and correctness of all information furnished.

I, []	<i>make this solemn declaration, consciously believing same to be true and by virtue of the provisions of the Oaths Act, 1936-1969.</i>
-------	---

Signature of Applicant: (Can be electronic.)	[]
---	----

Subscribed and declared at: address			
this: date		day of	20

Before Me (approved witness for Statutory Declarations)	
---	--

Signature of Witness: (Can be electronic.)	
---	--

Occupation or Witness Capacity:	
------------------------------------	--

Name:	Phone:
-------	--------

Address:
----------

**Email or scan and email your completed form to [natjanrad@gmail.com](mailto:natjanrad@gmail.com)  
Your Student Membership of ACONT is FREE.**