

Membership Form

By the 31st of January 2023, please:

- ☐ Read the updated Educator guide including all membership requirements. Contact NFNZ if you have any questions
- ☐ Provide this form as well as the Professional Development Record, filled in, signed, scanned and emailed to admin@naturalfertility.co.nz
- ☐ If we don't have it yet, a photo of yourself taken within the last 5 years, preferably in colour. An updated bio with current contact details.

And

- ☐ If necessary, complete online quizzes in the member area of the website. To see whether this is required please see Pg 4 'My scope of practice' or email admin@naturalfertility.co.nz
- ☐ Please tick here if in 2022, you have not presented a Community or CME Education session and you had ticked to keep 'Group education' as a part of your scope of practice. Your membership will be provisional on presenting this session in 2022 to fulfill your membership requirements.

And

- ☐ Make full payment to BNZ 02-0727-0240179-00 by the 12th of January 2022. Use your last name as a reference. You can also pay online in our members area with a credit/debit card (surcharge applies) \$145.00 for a full membership.

Please Note: You will only be required to fill in your 'Professional portfolio File' if audited. As it is a valuable tool for your professional development, we do encourage you to do so anyway. This is attached in the email separately.

We will send out your accreditation certificate and other items by the end of January and upon receiving all of the above.

Please Choose your membership

- ☐ Full Professional
- ☐ Non Practicing

Contact details

Full Name: _____ Mobile: _____

Postal address: _____

Email Address: _____

Please fill in this section if different from above and/or you wish to update your current listing.

Public Listing Details (required for Full Professional membership only)

Contact number: _____

Email: _____

Areas Serviced: _____

Are you currently taking on clients? Y/N

Do you offer online appointments? Y/N

Do you offer any Community/CME/In school Education sessions? Y/N

If so, please specify:

We are putting together a skills database of our members. If you have specific skills or training in any area, and could be keen to help us with various projects, then please provide us with the information below.

List of qualifications and/or skills

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Website listing bio (if you want to update or add it) Max 50 words - PLEASE EMAIL THIS TEXT when returning this scanned form.

NFNZ Mission Statement

'To be the leading authority for the provision of information about the Sympto-Thermal Method (STM) and Lactational Amenorrhoea Method (LAM) of Natural Family Planning.'

NFNZ Code of Ethics

Educators will:

- Consider first the well-being and dignity of their client taking into account their unique, personal, cultural, religious or philosophical heritage.
- Adhere to the Principles for Crown Action on the Treaty of Waitangi.
- Respect absolutely the confidences of their clients
- Understand that the teaching of natural family planning or fertility awareness is based on individual knowledge of women so that a couple may achieve or avoid pregnancy by timing or abstinence from intercourse at the fertile time.
- Accept the right of clients to self-determination including their use of knowledge of fertility.
- Recognise their limitations and the need to refer some clients to those with special counseling, medical or other expertise.
- Show loyalty, professionalism and commitment to fellow members of Natural Fertility NZ Inc, share the knowledge they gain with them and learn from them.

I _____ (full name) declare that I adhere to the Mission Statement and Code of Ethics of Natural Fertility New Zealand

Signed: _____

Date: _____

NFNZ – My Scope of Practice

Continuing Competence. In 2022 I have: (N/A if you are a new, returning or non practicing member)

☐ Worked with at least one client from each of the above categories in the last year. If not, I have completed the appropriate case study and chart interpretation. Quizzes provided in the Educator member zone online.

☐ Completed 8 hours of ongoing education in the last year. Please enter details in the Professional Development Record docx.

☐ Completed at least five chart interpretations in the last year. If not, please email admin and charts with quizzes will be supplied.

☐ I have ticked Group education as a part of my scope of practice and therefore have completed at least one education session in the last year.

I have met the accreditation requirements to work with the following categories of clients in 2023:

- ☐ To Conceive
- ☐ Fertility Awareness/Fertility Awareness with Barriers
- ☐ Breastfeeding/LAM
- ☐ Peri - Menopause

I am also qualified and intend 2023 to provide:

☐ Group Education including community group and CME sessions for GPs, Nurses, and Midwives

☐ In School Education (Only tick this if you have gained approval from the council for a particular In school education session)

For the 2023 membership year:

☐ I agree to meet all of my membership requirements (listed in the Educator guide) For full professional members I agree to take part in a Professional Review. (10% of educators are randomly picked each year) If I do not meet the standards of this review then NFNZ may require some remedial work from me. I understand I can use my 4.5 hrs of clinical support allocation towards this.

Name: _____

Signed: _____

Date: _____