



# International Aromatherapy & Aromatic Medicine Association

PO BOX 215,  
BURWOOD, NSW, 1805,  
AUSTRALIA  
TELEPHONE: 02 9715 6622  
FAX: 02 9715 5922  
EMAIL: info@iaama.org.au

## IAAMA TEACHER APPLICATION FORM

(Office use only T.....)

(National Council Approved by.....)

**Please print clearly in capital letters**

First Name: ..... Surname: .....

Postal Address: .....

Suburb: ..... State: ..... Postcode: .....

Country: ..... Mobile: .....

Telephone home: (.....) ..... work: (.....) .....

Email: .....

Current IAAMA Membership Number M..... Years of Full membership with the IAAMA .....years

Will you be seeking employment with an IAAMA accredited Course Owner? **YES / NO**

How many years have you been practising Aromatherapy? ..... Average Hours/Week: .....

Describe your work experience since qualifying as an Aromatherapist, including any teaching experience. Give your employers names, address, contact number, your position and the number of years in that position. If self employed, state business name, address, contact number and the number of years you have been self employed.

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.....

Please confirm you have a minimum of 200 hours relevant industry experience and attach evidence of same which may be a job description / documentation of insurance / business documents, etc.

**YES / NO**

Note: A signed Declaration below is required to satisfy relevant industry experience which can include clinical practice, public talks and presentations, making and formulating products, published articles or training materials and teaching experience.





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## IMPORTANT INFORMATION:

The person who is applying for this registration shall not advertise or inform students of his/her pending registration until such times as the IAAMA Council has granted that registration. If at any time the terms of the IAAMA registration are broken, the IAAMA Council has the right to withdraw this certificate. Accredited (Full) Membership must be current to validate your Teacher status.

## DECLARATION:

- I have read and understood all of the points in this form and declare that the information given by me in this Application for Teacher Registration is accurate and true. I have read and understood the regulations pertaining to IAAMA teacher registration as set down in the guidelines; and will abide by the teacher registration regulations to ensure continued registration.

Signed: ..... Dated: .....

Please check the following list of documents are attached to this application.

- Teaching qualification such as Certificate IV in Workplace Training and Assessment (or the equivalent).
- Evidence of clinical experience

## PAYMENT:

Annual fee of \$44.00 is payable as long as the applicant is a current and financial Accredited (Full) Member of the IAAMA.

I enclose my: *(circle payment method)* Cheque / Money Order / Credit card for **\$44.00**

Please make cheque payable to the **International Aromatherapy & Aromatic Medicine Association**

Please charge this fee to my: *(circle one card)* Mastercard / Visa / Bankcard

Card number: ..... Expiry date: ..... / .....

Name on Card: .....

Cardholder signature: .....

**Return by fax or post to: IAAMA, PO Box 215 Burwood NSW 1805 Australia or +61 2 9715 5922 (fax)**

