

# Application Form

This application form is for organisations that represent practitioners in animal training or behavioural modification who are seeking to gain CANZ Accreditation and enter their practitioner members onto the CANZ Accreditation database of accredited professionals. Acceptance of an organisation's accredited members onto the database is dependent upon demonstration that the organisation's:

1. Code of Conduct is appropriate and sufficiently well-policed to ensure that accredited practitioner standards of practice fall within those required by CANZ Accreditation;
2. Accredited practitioner membership criteria match the agreed CANZ Accreditation standard for the given practitioner register(s) applied for;
3. Methods of practitioner assessment for accreditation are transparent and equitable; and
4. Monitoring of accredited practitioners' on-going compliance with the

Name of Organisation			
Website Address			
Postal Address			
Contact Person			
Phone		Email	

Accreditation Standard(s) Applied for (tick all that apply)

- Animal Trainer
- Animal Training Instructor
- Animal Behaviour Consultant

## CODE

Please enter your organisation's Code of Conduct/Practice/Ethics for Practitioner Members in the box below: (continue on separate sheet(s) if necessary)

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Please explain your organisation's mechanism for monitoring and disciplining practitioners' compliance with above code:

#### **MEMBERSHIP**

Please give an overview of your organisation's practitioner membership criteria:

Please give an overview of methods of assessment of applicants for practitioner membership:

#### **CONTINUING EDUCATION**

Please give an overview of your organisation's practitioner membership criteria:

What are your organisation's mechanisms for monitoring and disciplining practitioners' compliance with CPD requirements:

## ACCREDITATION

Please provide detail as to how your organisation's methods of practitioner assessment align with the agreed CANZ Accreditation standard(s) applied for. Include all relevant organisation protocols, assessment methods and application/reporting forms as electronic attachments.

Please provide any additional supporting statements or documentation that may enhance the application:

Is the organisation aware of any unresolved complaints against it, or its members, at the time of application? If so, please give details of the complaint and the resolution that is underway

Please provide proof of professional indemnity insurance at an adequate level to meet any potential liabilities (e.g. scan or photo of receipt)

By signing below, and submitting this application I confirm I am authorised to make this application on behalf of the applicant organisation and that the above information is accurate to the best of my knowledge.

I acknowledge and accept that CANZ is not liable to accredited organisations or their accredited members or to any third party for any claims, losses, damages or other expenses (either direct, special or consequential) arising as a result of any dispute between an accredited member and a third party (whether or not the third party is or has been a client of the accredited member) in relation to accreditation of, or to any professional advice or treatment given by, the accredited member. Nor is CANZ liable for any such claims, losses, damages or expenses arising from a dispute between any person, whether a third party or otherwise, and the accredited organisation. Accredited organisations are responsible for the accreditation of their members and shall hold CANZ harmless in all respects from any claim relating in any way to the accredited organisation's accreditation of any of its members. Accredited organisations and their accredited members shall hold professional indemnity insurance at an adequate level to meet any liabilities (including but not limited to public liability, statutory liability, employer's liability insurance cover) which might arise as a result of their professional practice. Accreditation and renewal of accreditation shall be dependent upon the production of proof of such insurance and shall be deemed to have been withdrawn if such insurance lapses.

Signature		Date	
Print Full Name		Role	

Thank you for applying to become a CANZ-accredited organisation. We look forward to working together to ensure the safety and well-being of New Zealand's companion animals.

## PAYMENT & SUBMISSION

Please ensure all sections of the form are completed. Applications will be processed upon receipt of a fully-completed form and a non-refundable application fee of \$400 +GST (or \$300 +GST if application is a renewal).

A tax invoice will be issued to your organisation when this application is received, or you may make deposit direct and a retrospective invoice will be issued.

Account	Companion Animals NZ	Number	02-0342-0128274-000
Reference (Company)		Code	Accreditation

Please return completed applications to the CANZ Accreditation applications team via email: [accreditation@companionanimals.nz](mailto:accreditation@companionanimals.nz)