**QUICK RESPONSE FORM – CONSULTATION ON NATUROPATHS REGISTRATION SUBMISSION**

**About you:** Are you a: *(double click the grey box to tick the relevant one)*

[ ] Naturopath [ ]  Western herbal medicine practitioner [ ] Student

[ ]  Other health practitioner – please state:

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[ ]  Consumer of naturopathic services [ ]  Employer of naturopaths

[ ]  Professional association that represents naturopaths and/or WHM practitioners

[ ]  Other professional body [ ]  Regulator

[ ]  Other – Please state:

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**If you are a practitioner, are you a member of an association?** [ ]  Yes [ ]  No

**If yes, which one/s (you may tick more than one)**

[ ]  ANPA [ ]  ANTA [ ]  ATMS [ ]  CMA [ ]  NHAA

**FOR PROFESSIONAL ASSOCIATIONS: can you provide an estimate of the number of naturopaths and/or Western herbal medicine practitioners you believe to be practising in the profession?**

**Do you have any general comments on the content of the draft submission?**

**Do you have any comments about the presentation of the submission?**

**Do you AGREE or DISAGREE with the thrust of the submission – that national registration is required for the profession of naturopathy, to ensure minimum standards for entry to and practice of the profession, so that the public is adequately protected from harm?**

**If you AGREE – why?**

**If you DISAGREE – why?**

**Do you have any other comments or questions?**

**Do you give permission for this submission to be published (deidentified) on the ANC website?**

[ ]  Yes [ ]  No

**OPTIONAL:**

Would you like to be kept informed of progress with the submission? [ ]  Yes [ ]  No

IF YES Please complete the following:

Name:

Postcode:

Email:

**Please email your completed form to submissions@naturopathiccouncil.org.au**

**Thank you so much for taking the time to make a submission!**