



HCANZA Associate Membership New Zealand Primary Care Health Coach Employment & Insurance Verification Form*

Health Coach Information:

- **Name of Health Coach:** _____
- **Health Coach Position:** [*Part Time/Full Time (Circle One)*]

Clinic Information:

- **Name of Clinic/Practice:** _____
 - **Location of Clinic/s:** _____
 - **Team Lead/ Practice Manager/Clinic Manager:**

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Verification Statement:

I, _____

(name of Team Lead/Clinic Manager/Practice Manager),

hereby verify the following information regarding the employment and coverage of

_____ *(name of Health Coach)*

within _____ *(name and location of Clinic/Practice)*

Employment Verification:

The above-named Health Coach is currently employed part-time / full-time at our clinic/practice *(circle appropriate status)*.

Insurance Coverage Verification:

The practice of the Health Coach is covered under our clinic's/practice's insurance policies, in compliance with New Zealand regulations.

This includes Professional Indemnity Insurance, ensuring coverage for any claims related to the health coaching services provided.

Additional Coverage (*where relevant*):

Public Liability Insurance

Employer's Liability Insurance

Any other relevant insurance coverages: _____

Compliance Statement:

I affirm that the insurance coverage mentioned herein complies with all required New Zealand regulations pertaining to health coaching practices in a Primary Care setting. All policy documents are available upon request to verify the accuracy of this statement.

Signature: By signing below, I certify that the information provided in this form is accurate and true to the best of my knowledge.

(Signature of Team Lead/Clinic Manager/Practice Manager)

(Date)

Contact Information:

Phone Number of Clinic/Practice: _____

Email Address: _____

*** Purpose of this Form**

HCANZA is committed to ensuring that each of its members are committed to the highest professional standards and practices of the profession in Australia & New Zealand.

A part of HCANZA's commitment to all medical practitioners, allied health professionals and health consumers in the public domain, we ask that all coaches demonstrate that they have appropriate professional or practice insurances in place consistent with relevant regulations.

We understand that in some circumstances coaches work within clinics as employees and are therefore covered by the practice's professional insurances. This form is for the sole purpose of confirming the health coach named above is practicing safely at your clinic, within the parameters required under New Zealand regulation.

Health coaches working independently in private practice are required to have their own individual insurances.