

## Requirements for full membership

**Pathways to full membership:** THA's aspiration is for a nationally accredited therapeutic horticulture course. Until that occurs, THA is enabling a flexible pathway for practitioners to achieve full membership through demonstrated consistent engagement with therapeutic horticulture practices/learning. The following template can be utilised to record applicants' evidence for full membership or as a recording tool for those wishing to progress to full membership.

### Membership Levels

**Level A:** Dual Qualifications\* held in Horticulture and Allied Health/Social Services (\*minimum AQF level 3). We will require certified copies of these qualifications.

**Level B:** A Qualification\* held in either Horticulture OR Allied Health/Social services **PLUS** evidence of 120 hours of validated therapeutic horticulture work experience and/or learning. \*Minimum AQF level 3 (For example a Cert III qualification through TAFE).

**Level C:** Evidence of 400 hours of validated therapeutic horticulture work experience and/or learning.

### Acceptable evidence

1. Completing a Therapeutic Horticulture Course. While THA does not endorse any therapeutic horticulture course we will recognise the nominal hours of a therapeutic horticulture course, short course or workshop undertaken by a member until we have a nationally accredited Therapeutic Horticulture course.
2. Working or volunteering in a therapeutic horticulture setting:
  - a. Provide name and location of work/volunteering place/program name/number of participants
  - b. Number of hours undertaken in therapeutic horticulture practice
  - c. Brief description of TH activities undertaken (dot points are acceptable)
  - d. Signed off by person of authority/supervisor or statutory declaration if self-employed [Commonwealth statutory declaration form | Attorney-General's Department \(ag.gov.au\)](#)
3. Attendance at a THA webinar. If possible, provide registration receipt or provide the name of the webinar attended.
4. Attendance at THA Conference: Provide conference registration receipt. Hours attending any optional tours that are offered with the conference may also be counted.
5. Volunteering on a THA subcommittee for a period of 12 months (record hours of attendance).
6. Presenting a webinar for THA or a presentation at a THA conference.



## Evidence of therapeutic horticulture experience template

THA have an “Evidence of Therapeutic Horticulture Experience” template for Level B & C members and applicants to complete in order to demonstrate their 120/400 hours experience/learning.

The following is an example of how an applicant can record their “acceptable evidence” information:

Dates	Program name & location/number of participants/Training/THA event	Brief description of activities	Total hours	Validated by
25/02/22	THA webinar Mental Health in the Top End	Webinar	1	Evidence of registration of event provided
20/03-20/06/22	Frangipani Garden Village	Volunteering/working with residents – propagating, seed sowing, vegetable garden and garden craft activities	24	Name: Jo Bloom Position: Manager Contact details (email/phone): 0400 123 456 Signature: X
1/07 – 30/11/21	Therapeutic Horticulture course	Name of course and provider	70	Provide certificate of completion and official nominal course hours.
01/01 – 30/12/22	Member of THA sub-committee	Attended subcommittee meetings and associated tasks	25	Name of sub-committee chairperson

The following evidence log pages are editable in pdf including when this document is downloaded and saved.

## Evidence of therapeutic horticulture experience

Dates	Program name & location/ number of participants/Training/THA event	Brief description of activities	Total hours	Validated by
				Name:  Position:  Contact details (email/phone):  Signature:
				Name:  Position:  Contact details (email/phone):  Signature:
				Name:  Position:  Contact details (email/phone):  Signature:



Dates	Program name & location/ number of participants/Training/THA event	Brief description of activities	Total hours	Validated by
				Name:  Position:  Contact details (email/phone):  Signature:
				Name:  Position:  Contact details (email/phone):  Signature:
				Name:  Position:  Contact details (email/phone):  Signature: