

OT AUSTRALIA WA

Membership Application 2012 for Occupational Therapists

I wish to apply for membership of The Australian Association of Occupational Therapists WA (Inc) in Western Australia, and I agree to accept and abide by the ethics and constitution. If you do not agree to your work details being published on the OT AUSTRALIA WA Website (Members Only Access) please tick this box.

Ms Mrs Miss Mr Dr Other (Specify)

Surname First Name
 Previous Name Year of Birth.....
 Postal Address
 Post Code
 Tel. Home Fax Mobile
 Email

For Office Use Only:
 Renewal Lapsed (year ____)
 New member

MEMBERSHIP CATEGORY

Please indicate your membership category for 2012 by **CIRCLING** the amount in the table below. Your registration number or a copy of your qualifications for verification should be included with your application if you have not previously supplied them.

Copy of Qualifications Enclosed

Membership Category	Early Bird*	Standard Fee
Full-Time (<i>Working more than 20 hours PW</i>)	N/A	378
Part-Time (<i>Working 1 – 19 hours PW</i>)	N/A	358
Non-Working	N/A	358
Graduate (must have been student member OT AUSTRALIA WA 2011)	N/A	285
Students		
1 st Year Undergraduate/1 st Year MOT	FREE	FREE
2 nd Year Undergraduate	73	89
3 rd Year Undergraduate	73	89
4 th Year Undergraduate/2 nd Year MOT	73	89

Office Use Only

***STUDENTS ONLY: EARLY BIRD PAYMENTS MUST BE PAID IN FULL BY 25th February 2012 (Instalment Plan Not Available)**

PAYMENT METHOD

Membership is for the calendar year, January to December and cannot be cancelled during the year. As a service for those paying by CREDIT CARD a quarterly payment option is provided. Your signature is an agreement to continue the payments for the whole year. Payments will be deducted on joining, at the end of March, June and September.

- Quarterly instalment option – Credit Card only –THERE IS A \$10 ADMIN FEE ATTACHED TO INSTALMENTS**
- Cheque enclosed – Full Payment**
- Credit Card – Full or Quarterly Payment – following is my authority to debit my Visa / Mastercard:**

/

 /

 /

Signature Expiry Date
 Card Holder Name

Please make sure that you sign the declaration on page 4 and return to:

OT AUSTRALIA WA, 4A/266 Hay Street, SUBIACO WA 6008 Fax: (08) 9388 1492

Membership Database Update

1A. Work Details

Organisation

Department Position Held

Address

SuburbPostcode

Phone Fax Mobile

Email Website

1B. Additional Work Details

Organisation

Department Position Held

Address

SuburbPostcode

Phone Fax Mobile

Email Website

2. Work Category

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Manager/Clinician | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clinical/Researcher | <input type="checkbox"/> Educator/Teacher | <input type="checkbox"/> None |
| <input type="checkbox"/> Educator/Researcher | <input type="checkbox"/> Manager/Administrator | |

3. Work Sector

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private - Not for Profit | <input type="checkbox"/> None |
| <input type="checkbox"/> Private – Profit | <input type="checkbox"/> Other | |

4. Work Setting

Hospital:

- | | |
|---|---|
| <input type="checkbox"/> Acute Hospital Inpatient | <input type="checkbox"/> Sub-Acute Hospital Rehab Inpatient |
| <input type="checkbox"/> Acute Hospital Outpatient/Ambulatory | <input type="checkbox"/> Sub-Acute Hospital Outpatient |

Community:

- | | |
|--|---|
| <input type="checkbox"/> Community Health Service | <input type="checkbox"/> Residential, Retirement Living, Accommodation Services |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Vocational Rehabilitation, Injury Prevention (Non-hospital/Industry) |
| <input type="checkbox"/> Day Care Centre | |
| <input type="checkbox"/> Disability Services (DCS, SC, MS, PDSS) | |
| <input type="checkbox"/> Domiciliary Care Services | |

Private Practice:

- | | |
|---|--|
| <input type="checkbox"/> Private Practice Rooms | <input type="checkbox"/> Private Practice (Home-Based) |
|---|--|

Education:

- | | |
|--|--|
| <input type="checkbox"/> Pre-School Education Services | <input type="checkbox"/> Tertiary Education Services |
| <input type="checkbox"/> Schools Education Services | <input type="checkbox"/> Community Education |

Industry:

- Industry or Business Sector

Other:

- | | | |
|--|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Other Government (Policy, Non-Clinical) | <input type="checkbox"/> Other | <input type="checkbox"/> None |
|--|--------------------------------------|-------------------------------|

5. Client Age

- | | | |
|---|---|---|
| <input type="checkbox"/> 0-17yrs child and adolescent | <input type="checkbox"/> 18-65yrs (working) | <input type="checkbox"/> All ages |
| <input type="checkbox"/> 18+yrs (adult) | <input type="checkbox"/> 65+yrs (older adult) | <input type="checkbox"/> Not applicable |

'Find an OT' Website Entry for Private Practitioners Only

Private Practice (Please complete this section IN FULL – details not submitted will not be included)

Name of Practice**

****A copy of WRITTEN CONFIRMATION of Approval of Business name from the OT Registration Board WA is to be received by OT AUSTRALIA WA office BEFORE your details can be entered onto the website.**

Copy Enclosed

Name of OT

Address and contact details to use for website entry only. Indicate whether the same as 1A. or 1B. or as below:

Address

Suburb Postcode

Phone Fax Mobile

Email Website.....

Please tick ALL relevant categories below:

Services:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Rooms | <input type="checkbox"/> Nursing Home Visits |
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> School/Day Care Visits |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Mobile Only Service |

Approved Provider:

- | | |
|---|--|
| <input type="checkbox"/> Registered for Medicare | <input type="checkbox"/> APSP (Approved Autism Panel Service Provider) |
| <input type="checkbox"/> Better Access to Mental Health Care Provider | <input type="checkbox"/> ASD (Autism Spectrum Disorder) |
| <input type="checkbox"/> EPC (Enhanced Primary Care) | <input type="checkbox"/> HICAPS/eclaiming |
| <input type="checkbox"/> PDD (Pervasive Developmental Disorder) | <input type="checkbox"/> DVA (Department of Veteran Affairs) |
| <input type="checkbox"/> FPS (Focused Psychological Strategies) | |

Client Group:

- Workers Compensation
- Motor Vehicle Accident
- Privately Insured

Client Age Group:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Children | <input type="checkbox"/> All |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Adults | |

Keywords are listed overleaf

Qualifications

OT Registration Board No. Original date of registration

Qualification Type	Date of Qualification	Institution

Expertise

Please circle from the list below for area of expertise or interest: (choose 5 maximum)

(Private Practitioners – please note that the following will also be used as the key words for website entry)

Key	Expertise
AC	Access
AG	Aged Care
AL	Alzheimers
AM	Acute Medicine
AMPS	Assessment of Motor & Process Skills
AP	Acute Psychiatry
AT	ACAT (Aged Care Assessment Team)
BU	Burns
CA	Cardiac
CD	Community Development
CE	Cerebrovascular
CO	Counselling
CP	Cerebral Palsy
CS	Child Psychiatry
DD	Developmental Delay
DI	Disability
DP	Disability Physical
DR	Driver Assessment & Rehabilitation
ED	Education
ER	Ergonomics
ET	Ethics
EQ	Equipment
GE	Gerontology
GM	General Medicine
GS	General Surgical
HA	Hand & Upper Limb
HD	Head Injuries
HM	Home Modification
HP	Health Promotion
HV	Home Assessment/Visiting
IM	Injury Management Prevention
LD	Learning Disability

Key	Expertise
LY	Lymphoedema Management
MA	Manutention
MG	Management
MH	Mental Health
ML	Medico-Legal
NE	Neurosciences
NU	Neurology
OH	Occupational Health & Safety
ON	Oncology
OP	Orthopaedics
PA	Palliative care
PC	Primary Care
PE	Paediatrics
PG	Psychogeriatrics
PH	Public Health
PM	Pain Management
PR	Psychosocial Rehabilitation
PS	Psychiatric Rehabilitation
PW	Project Work
PY	Psychiatry
RE	Physical Rehabilitation
RH	Research
RU	Rheumatology
RP	Rural Practice
SE	Seating
SI	Sensory Integration
SM	Stress Management
SP	Splinting
ST	Soft Tissue Therapy
VI	Visual Impairment
VO	Volunteers
VR	Vocational Rehabilitation

Current Local Interest Group Membership

I certify that all information furnished in this document is true and accurate in every respect. I certify that I have not been refused membership of any Occupational Therapy Association, nor registration, in Australia or overseas. I agree to abide by the OT AUSTRALIA WA Memorandum & Articles of Association and OT AUSTRALIA Code of Ethics.

Signed

Privacy Statement

OT AUSTRALIA WA is committed to supporting the National Privacy Principles. We will only collect and store information about you that is necessary. The information you provide may be used to offer, provide and improve our services to you and may also be disclosed to other parties such as organisations contracted to operate and maintain OT AUSTRALIA WA databases and distribute OT AUSTRALIA WA information. We will not otherwise, without your consent, use or disclose the information you provide for any other purposes unless it would reasonably be expected that such a purpose is related to the offer, provision and improvement of OT AUSTRALIA WA services and benefits to you or where such purpose is permitted or required by law. You are entitled to request reasonable access to the information we hold about you.