

**Associate Membership Application 2012 for Occupational Therapy Support Staff**

I wish to apply for Associate 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

PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS

1. Personal Details

Ms       Mrs       Miss       Mr       Other (Specify)

Surname ..... First Name .....

Previous Name ..... Year of Birth .....

Postal Address .....

..... Post Code .....

Phone: Home..... Mobile .....

Email.....

<p><u>For Office Use Only:</u></p> <p><input type="checkbox"/> Renewal    <input type="checkbox"/> New member</p>
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**ASSOCIATE MEMBERSHIP FEES**

Please note that a copy of your qualifications for verification should be included with your application if you have not previously supplied them. **Copy of Qualifications Enclosed**

	*Early Bird	Standard Fee
Associate Membership	\$160	\$182.50

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**\*EARLY BIRD PAYMENTS MUST BE PAID IN FULL BY 13 JANUARY 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 & September.

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

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Signature ..... Expiry Date .....

Card Holder Name .....

Please return to OT AUSTRALIA WA, 4A/266 Hay Street, Subiaco WA 6008  
Fax: (08) 9388 1492

# Associate Membership Details

## 1. Work Details (If you have more than one workplace please submit details separately).

Organisation: .....  
Department: ..... Title: .....  
Address: .....  
Suburb: ..... Postcode: .....  
Phone: ..... Fax: ..... Mobile: .....  
Email: ..... Website: .....

## 2. Work Sector

Public Sector:  Public Hospital  Govt. Department  Other  
Private Sector:  Private Practice  Private Hospital  Consultancy/Locum  
Community Sector:  Physical Dev/Disabled  Aged Care Facility  Other   
Other Sector (Please specify): .....  
How many organizations are you employed by: ..... Average total hours worked per week: .....

## 3. Education Details/Eligibility Status

- 3.1 Certificate III Allied Health, IV Allied Health or other related training pertinent to working as an Occupational Therapy Support Worker:  
Qualification: .....  
Institution: ..... Year: .....
- 3.2 Written confirmation of proof supplied by a register Occupational Therapist in the workplace (must be provided **annually**)  
OT AUSTRALIA WA Associate Name: ..... Signature: .....  
**Registered Occupational Therapist** Name: ..... Signature: .....  
Workplace: ..... OT Registration Board No: .....  
Contact Details: .....
- 3.3 International Occupational Therapy graduate not eligible for Australian registration working as an Occupational Therapy Assistant:  
Qualification: .....  
Institution: ..... Year: .....

## 4. Declaration:

In applying for OT AUSTRALIA WA associate membership I am declaring that:

- a) I have completed training in an Occupational Therapy Support Staff position or hold a TAFE Cert III or higher generic AHA qualification
- b) I have provided written evidence of proof supplied by a registered Occupational Therapist in the workplace
- c) I agreed to abide by OT AUSTRALIA WA Constitution and Code of Conduct
- d) I am of good standing and character
- e) I understand that Associate members of OT AUSTRALIA WA do not have any voting rights in the Association
- f) I have not had a criminal conviction recorded against me and have a current national police clearance certificate

Signed: ..... Date: .....