



Associate Membership Application 2019 for Occupational Therapy Support Staff

I wish to apply for Associate Membership of the WA Occupational Therapy Association 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 Fax

Email.....

For Office Use Only: <input type="checkbox"/> Renewal <input type="checkbox"/> New member
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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	\$165	\$190
Student	n/a	\$50

***EARLY BIRD PAYMENTS MUST BE PAID IN FULL BY 25th January 2019 (Instalment Plan Not Available)**

PAYMENT METHOD

Membership is for the calendar year, January to December, and cannot be cancelled during the year and is non-refundable. 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:**

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Signature Expiry Date

Card Holder Name

Please return to the WA Occupational Therapy Association Inc, 4A/266 Hay Street, Subiaco WA 6008
 Fax: (08) 9388 1492. Email: info@waota.com.au

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**)
WA OT Assoc. - Associate Name: Signature:
Registered Occupational Therapist Name: Signature:
Workplace: National 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 associate membership of the WA Occupational Therapy Association Inc. 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 WA Occupational Therapy Association Constitution and Code of Conduct
- d) I am of good standing and character
- e) I understand that Associate members of WA Occupational Therapy Association 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: