



## Membership Application 2025 for Occupational Therapists

I wish to apply for membership of WA Occupational Therapy Association (Inc) and I agree to accept and abide by the ethics and constitution.

Ms     
  Mrs     
  Miss     
  Mr     
  Dr     
  Other (Specify)

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

**Work Details:** Organisation .....  
 Department .....  
 Address .....  
 Phone ..... Mobile ..... Email .....

Membership Category (please circle appropriate category)	*Early Bird before 20/1/25	Standard Fee after 20/1/25
Full-Time ( <i>Working more than 20 hours PW</i> )	\$385	\$460
Part-Time ( <i>Working 1 – 19 hours PW</i> )	\$355	\$435
Non-Working	\$355	\$435
Retired from OT workforce ( <i>60+ and must have been a WAOTA member previously</i> )		\$55
<b>Students – (membership will be continue for duration of OT study)</b>		
1 <sup>st</sup> Year Undergraduate		FREE
2 <sup>nd</sup> Year Undergraduate		FREE
3 <sup>rd</sup> Year Undergraduate		FREE
4 <sup>th</sup> Year Undergraduate		FREE
1 <sup>st</sup> Year MOT		FREE
2 <sup>nd</sup> Year MOT		FREE
3 <sup>rd</sup> Year MOT		FREE

**PAYMENT METHOD**

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

**Credit Card** – Full payment – following is my authority to debit my **Visa / Mastercard**:

/     /     /

Signature ..... Expiry Date ..... CVV #.....

Card Holder Name .....

## Expertise / Interest – Please circle from the list below

(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	Vision Impairment
VO	Volunteers
VR	Vocational Rehabilitation

Other expertise not listed .....

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.....Current Local Interest Group .....

## Qualifications – If not previously supplied please complete

OT / National Registration Board Number .....Original date of registration .....

Qualification Type	Date of Qualification	Institution

Please tick the box if you would like to receive our WAOTA monthly newsletter via

email  post only

email address (if different from page 1) .....

**'Find an OT' Website Entry for Private Practitioners Only**

**Private Practice** If your details remain unchanged from 2024 website entry then please tick box to indicate you would still like to remain on the 'Find an OT' directory

**Name of Practice** .....

**Practice Address** .....

Phone ..... Fax ..... Mobile .....

Email ..... Website.....

**Please tick ALL relevant categories below:**

**Services:**

- Rooms
- Home Visits
- Hospital
- Nursing Home Visits
- School/Day Care Visits
- Mobile Only Service

**Approved Provider:**

- Registered for Medicare
- Better Access to Mental Health Care Provider
- CDMP (Chronic Disease Management Plan)
- PDD (Pervasive Developmental Disorder)
- FPS (Focused Psychological Strategies)
- APSP (Approved Autism Panel Service Provider)
- ASD (Autism Spectrum Disorder)
- HICAPS/eclaiming
- DVA (Department of Veteran Affairs)
- NDIS

Other Provider (please specify)

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**Client Group:**

- Workers Compensation
- Motor Vehicle Accident
- Privately Insured

**Client Age Group:**

- Babies
- Children
- Adolescents
- Adults
- Older Adults
- All

***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 WA Occupational Therapy Association Inc Memorandum & Articles of Association and OT Code of Ethics.***

Signature .....

**Privacy Statement**

WA Occupational Therapy Association Inc 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 WA Occupational Therapy Association databases and distribute WA Occupational Therapy Association 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 WA Occupational Therapy Association Inc 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.