



**PLEASE COMPLETE AND/OR UPDATE DETAILS IN EVERY SECTION**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Previous surname (if changed since graduation) \_\_\_\_\_ Date of Birth \_\_\_\_\_

- I am a new NSW member or a previously lapsed member and enclose an original JP certified copy of my degree (do not fax)
- I am renewing an existing NSW membership and have previously provided an original JP certified copy of my degree Member No \_\_\_\_\_
- I am a previous student member now new graduate and enclose an original JP certified copy of my degree or transcript (do not fax)
- I am an overseas graduate and enclose an original JP certified copy of evidence of having passed the Australian COTRB assessment process
- I have changed my name since graduation and enclose an original JP certified copy of my marriage certificate or new birth certificate

All members have the option of receiving a membership certificate for the current year. Tick to receive a membership certificate

**HOME ADDRESS**

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

**EMPLOYMENT DETAILS (PUBLIC OR PRIVATE SECTOR)**

Organisation \_\_\_\_\_

Department \_\_\_\_\_

Position/Title \_\_\_\_\_

Floor/Building \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Other Languages NO  YES  Please List: \_\_\_\_\_

**PRIVATE PRACTICE DETAILS (PRACTICE OWNED BY YOU)**

Business Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

PREFERRED POSTAL ADDRESS HOME | WORK

PREFERRED EMAIL ADDRESS HOME | WORK

**PRIMARY POSITION**

**Work Category (tick one)**

- Clinician (CLI)  Educator/Teacher (EDU)
- Clinician/Manager (CLM)  Researcher (RES)
- Manager/Administrator (ADM)  Other.....

**Work Sector**

- Public Sector (PBS)  Private and Sole Practitioner (PPS)
- Private and for profit (PRP)  Private and Group Practice (PPG)
- Private and not for Profit/Charitable (PRN)

**Work Setting**

Health Service (public or private):

- Inpatient Acute (ACHINP)  Outpatient/Ambulatory (OTP)
- Inpatient Sub-acute/Rehabilitation (SARINP)

Community:

- Community Health Centre (CHC)  Domiciliary Care Service (DCC)
- Nursing Home/Retirement Living/Residential Care (NHR)
- Day Care Centre (DCC)

Educational Institution:

- Pre-School (PRE)  School (SEC)
- Tertiary (TER)

Other:

- Occupational Rehab (ORH)  Private Practice (general) (PP)
- Residential Care Facility/Nursing Home (RCF)
- Disability Service (DIS)
- Other, Please specify.....

**Client Age (tick one)**

- 0-17yrs  18+yrs  all ages
- 18-65yrs  65+yrs  not applicable

**OTHER POSITION (IF APPLICABLE)**

**Work Category (tick one)**

- Clinician (CLI)  Educator/Teacher (EDU)
- Clinician/Manager (CLM)  Researcher (RES)
- Manager/Administrator (ADM)  Other.....

**Work Sector**

- Public Sector (PBS)  Private and Sole Practitioner (PPS)
- Private and for profit (PRP)  Private and Group Practice (PPG)
- Private and not for Profit/Charitable (PRN)

**Work Setting**

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## FOCUS GROUPS (MEMBERSHIP INCLUDED IN SUBSCRIPTION - MUST BE RENEWED EACH YEAR)

Focus Groups are run for members by members. You will be sent Focus Group minutes if you choose to join one of the groups. Meeting dates are advertised through the newsletter. Teleconferencing is available for rural OT AUSTRALIA NSW members.

The Ageing Brain     Driving     Mental Health     Neurology     Private Practice     Paediatric & Adolescent

## QUALIFICATIONS (NEW MEMBERSHIPS WILL NOT BE PROCESSED WITHOUT JP CERTIFIED COPIES OF YOUR QUALIFICATIONS)

New members or previously lapsed members please post a copy of your degree/official academic transcript (certified by a Justice of the Peace) with this application to the address at the bottom of this page.

Qualification \_\_\_\_\_ Institution \_\_\_\_\_ Date Course Completed \_\_\_\_\_

Qualification \_\_\_\_\_ Institution \_\_\_\_\_ Date Course Completed \_\_\_\_\_

If you are an overseas trained OT, please include COTRB assessment results.

COTRB Assessment Number (if overseas trained) \_\_\_\_\_

## PRIVACY STATEMENT

OT AUSTRALIA NSW is committed to supporting the National Privacy Principles. We will only collect and store information 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 Occupational Therapy Australia Limited (OTAL), organisations contracted to operate and maintain our databases, services and distribute information. We will not otherwise, without your consent, use or disclose the information you provide for any other purposes unless it would be reasonably be expected that such a purpose is related to the offer, provision and improvement of OT AUSTRALIA NSW 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. For a copy of OTAL's privacy policy, or if you wish to correct any information held by OT AUSTRALIA NSW, please email [info@otnsw.com.au](mailto:info@otnsw.com.au) or telephone (02) 9648 3225.

I give consent for my work contact information to be released by OT AUSTRALIA NSW:      Yes  No

Note: Medicare, private health insurers and others institutions sometimes request confirmation of membership status e.g. for provider numbers

## TERMS AND CONDITIONS

1. Occupational Therapists who are graduates of an Australian occupational therapy education program recognized by the World Federation of Occupational Therapists (WFOT) are eligible for membership. Graduates of a non-Australian occupational therapy education program recognised by WFOT who has complied with requirements to practice occupational therapy in Australia as determined by the Council of Occupational Therapists Registration Boards. Persons who have been disqualified from membership or de-registered in any state/territory of Australia are ineligible.
2. Membership is available to students who are enrolled in an undergraduate or entry level masters Occupational Therapy course approved by OT AUSTRALIA NSW.
3. The membership year runs from 1 July to 30 June the following year. Members renewing at any time during this period are required to pay the entire amount according to their respective category in order to maintain continuous membership.
4. Membership fees are non-refundable in whole or part. This includes a change of category status (for example: full-time to part-time) and payment by instalment method. Members choosing to pay by the instalment method will still incur the subsequent payments due 1/10/2010 and 1/2/2011.
5. All instalment payments incur a \$3.00 processing fee per instalment total \$9.00 per year. An additional processing fee of \$5.50 per transaction will be incurred if changes are not notified by the deduction dates or the transaction is declined.
6. Membership of OT AUSTRALIA NSW obligates the member to abide by the OT AUSTRALIA Code of Ethics.

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

I understand that OT AUSTRALIA NSW will hold my information in Association files. My personal information will only be used as per the Association Privacy Policy or at your request. To access, update or correct any information I will contact the Secretariat. I certify that I have read the notes on the current new membership fee schedule sheet(s) and agree to the conditions specified therein.

**I also understand that OT AUSTRALIA NSW may transition to the new National Association, Occupational Therapy Australia Limited (OTAL) during this membership cycle, pending OT AUSTRALIA NSW member vote. Should this proceed my membership will transfer to OTAL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

