



OT AUSTRALIA NSW
 Australian Association of
 Occupational Therapists NSW
 ABN: 91 048 855 443
 ACN: 000 076 997

NEW MEMBERSHIP FORM: Reduced Rate

1st January 2010 to 30th June 2010
 (These membership forms will be processed from 1/12/09)

Have you previously been a member of OT AUSTRALIA NSW? YES NO

NAME DETAILS

TITLE _____ SURNAME _____
 GIVEN NAME _____
 PREVIOUS SURNAME (if relevant) _____
 DATE OF BIRTH _____
 FEMALE MALE

Office Notes:

HOME ADDRESS

STREET _____
 SUBURB _____ STATE _____ POST CODE _____
 PHONE _____ FAX _____ MOBILE _____
 EMAIL _____

WORKPLACE ADDRESS IN PUBLIC SECTOR OR PRIVATE SECTOR

ORGANISATION _____
 STREET _____
 SUBURB _____ STATE _____ POST CODE _____
 PHONE _____ FAX _____
 MOBILE _____ PAGER _____
 EMAIL _____

OWNER OF PRIVATE PRACTICE ADDRESS DETAILS

BUSINESS NAME _____
 STREET _____
 SUBURB _____ STATE _____ POST CODE _____
 PHONE _____ FAX _____
 MOBILE _____ PAGER _____
 EMAIL _____
 WEBSITE _____

PREFERRED ADDRESS FOR CORRESPONDENCE (Please tick below)

**Please note: the majority of communication from OT AUSTRALIA NSW is via email.
 Postal address is used under special circumstances and for the National Magazine and Journal.**

EMAIL = Home Work Private Practice

POSTAL = Home Work Private Practice

Membership Certificate required. Yes No

Special Half Year Membership fee schedule

Full member categories	New Member Special Half Year Amount	Tick for Category Amount Applicable
Category A – working 20+ hours per week	\$241.50	
Category B – working 10-19 hours per week	\$202.00	
Category C – working up to 9 hours per week	\$176.50	
Retired, on leave or overseas	\$133.00	
Category A - New Graduate – working 20+ hours per week	\$181.00	
Category B - New Graduate – working 10-19 hours per week	\$151.50	
Category C – New Graduate – working up to 9 hours per week	\$133.00	
On leave or overseas New Graduate	\$100.50	

Other categories	New Member Special Half Year Amount	Tick for Category Amount Applicable
NSW ASSOCIATE: Employment does not require OT or health qualification	\$162.50	
FRIEND of NSW: Retired, overseas or currently unemployed past member (only available if a previous member for a minimum of one year)	\$46.50	
Student membership (separate form – call 9648 3225)		

Donations (optional)	Amount
OT AUSTRALIA NSW (general donation)	
Isabel Milner Sponsorship Award (supporting rural therapists in NSW)	
OT AUSTRALIA NSW Focus Groups. Please nominate here which focus group:	
OT AUSTRALIA National Research Trust Fund	
National Elaine B Wilson Memorial Award	
National Gwendoline Simms Trust Fund	

Total amount payable	
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Payment options: (please tick appropriate box for A complete the relevant details)

A. Half Year Payment Cheque Money Order Credit Card (Visa and MasterCard only)

Credit Card Authorisation

Please charge my Credit Card Visa MasterCard No other types of credit card accepted.

Credit Card Number

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Card Holders Name _____ Expiry Date _____

Signature _____ Total Amount _____

Qualifications

For new members or previous members who have lapsed membership please enclose a certified copy of your degree/academic transcript. To obtain a certified copy take your original documents and a photocopy to a Justice of the Peace (JP). A JP will sight the originals and sign the photocopies. Keep the original documents and send the signed copies.

Please visit <http://jp.lawlink.nsw.gov.au/public/welcomePublic.do> to find a JP in your area or can be found: at banks, court houses, post offices, pharmacies and some shopping centres.

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

Qualification _____ Institution _____ Date Course Completed _____

Qualification _____ Institution _____ Date Course Completed _____

COTRB Assessment Number (if overseas trained) _____

Other Languages NO YES Please List: _____

Focus Group Membership To join or renew your membership to a focus group please tick below. 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 Paediatric and Adolescent Mental Health
 Neurology Oncology and Palliative Care

Primary Position Details**Work Category**

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

Work Sector

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

Work SettingHealth Service (public or private):

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

Community:

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

Educational Institution:

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

Other:

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

Client Age

- 0-17 years 18-65 years 18+ years 65+ years All Ages Not applicable

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 OT AUSTRALIA National and OT AUSTRALIA State Associations, organizations contracted to operate and maintain OT AUSTRALIA databases, services and distribute OT AUSTRALIA 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 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 OT AUSTRALIA National's privacy policy, or if you wish to correct any information held by OT AUSTRALIA NSW, please email info@otnsw.com.au or telephone (02) 9648 3225.

I give consent for the following information to be released by OT AUSTRALIA NSW

Work Contact (other than reference list use): Yes No

Note: Medicare and private health insurers and others sometimes request confirmation of membership status e.g. for payment

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 recognized by WFOT who has complied with requirements to practice occupational therapy in Australia as determined by the Council of Occupational Therapists Registration Boards (COTRB telephone +61 8 8443 9375, (www.cotrb.com.au) and the Council of OT AUSTRALIA are also eligible. 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 second and third payments due 1 October and 1 February respectively.
5. All instalment payments incur a \$3.00 admin fee per instalment total \$9.00 per year
6. Please note that you will not be reminded of instalment dates and that it is the member's responsibility to notify OT AUSTRALIA NSW of changes to credit card details. An administrative fee of **\$25.00** per transaction will be incurred if OT AUSTRALIA NSW is not notified of changes to credit card details before the above mentioned deduction dates. Also note that an administrative fee of **\$25.00** per transaction will be applied if there are insufficient funds at the time of the instalment payment.
7. Tax deductibility – fees may be claimed as a tax deduction.
8. Membership of OT AUSTRALIA NSW obligates the member to abide by the OT AUSTRALIA Code of Ethics.

Thank you for applying to join OT AUSTRALIA NSW. Have you included the following?

- Your completed application form Payment of the relevant fee
- A JP certified copy of your qualifications or academic transcript and marriage certificate if your name has changed from the name on your qualifications (for new and lapsed members). Note: if you are a new graduate and do not yet have your transcript or degree please contact the Association to discuss arrangements for membership pending your paperwork.

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.

Signature

Date

For membership enquiries or to send your completed application please contact:

OT AUSTRALIA NSW
20/8 Avenue of the Americas
NEWINGTON NSW 2127
Phone: 02 9648 3225
Fax: 02 9737 0023

Occupational Therapy Reference List 2009- 2011

OT AUSTRALIA NSW maintains a reference list of occupational therapists willing to advise other OT AUSTRALIA members, Board Members, Office-bearers and the Secretariat staff, regarding professional issues that arise from time to time.

In addition to assisting other therapists directly, members on the Reference List may also be asked to assist OT AUSTRALIA NSW with specific comments about policy documents, discussion papers or reports. The voluntary time and commitment an individual makes for Reference List activities is their decision at the time a request for advice, comments or assistance is made.

The Secretariat coordinates contact with members on the Occupational Therapy Reference List. While the Reference List is not published, in consenting to have your name included, you are also consenting for your work contact details to be provided by the Secretariat to another member, the Board or Directors or other office-bearers of OT AUSTRALIA NSW.

Participating in the Occupational Therapy Reference List may provide you with the opportunity to share your area of proficiency with your professional colleagues. It can also provide you with the opportunity to contribute your views on emerging health policy. OT AUSTRALIA NSW encourages members to participate in the 2009- 2011 Reference List.

If you have reasonable experience in any areas list below wish to be part of the 2009 – 2011 Reference List please tick (up to six only)

- | | | |
|---|---|---|
| <input type="checkbox"/> Access (AC) | <input type="checkbox"/> Industrial (IN) | <input type="checkbox"/> Private Practice (PP) |
| <input type="checkbox"/> Aged Care (AG) | <input type="checkbox"/> Lymphoedema (LY) | <input type="checkbox"/> Professional Education (PU) |
| <input type="checkbox"/> Alcohol and Other Drugs (AL) | <input type="checkbox"/> Management (MA) | <input type="checkbox"/> Quality (QA) |
| <input type="checkbox"/> Case Management (CM) | <input type="checkbox"/> Medico-legal (ML) | <input type="checkbox"/> Rehabilitation (RE) |
| <input type="checkbox"/> Driving Assessment (DR) | <input type="checkbox"/> Mental Health (MH) | <input type="checkbox"/> Research / Academia (RS) |
| <input type="checkbox"/> Disability (DI) | <input type="checkbox"/> Neurology (NE) | <input type="checkbox"/> Rural Health (RU) |
| <input type="checkbox"/> Equipment Prescription (EQ) | <input type="checkbox"/> Occupational Rehab (OR) | <input type="checkbox"/> Seating (SE) |
| <input type="checkbox"/> General Medical (GM) | <input type="checkbox"/> OH&S (OH) | <input type="checkbox"/> Spinal (SN) |
| <input type="checkbox"/> Hand Therapy (HA) | <input type="checkbox"/> Oncology & Palliative Care (ON) | <input type="checkbox"/> Staff Supervision (SV) |
| <input type="checkbox"/> Environmental Modification (HM) | <input type="checkbox"/> Paediatrics and Adolescents (PE) | <input type="checkbox"/> Student Education/Supervision (ST) |
| <input type="checkbox"/> ATSI and CALD = Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CD) | | |

Are you Driver Assessment Trained? YES NO Year _____
 The University of Sydney Training Number (Registration Number) _____
 Are you currently conducting driving assessments? YES NO

I understand that OT AUSTRALIA NSW will hold my information in Association files. My work contact details may be provided to other members of the Association. My personal information will only be used as per the Association Privacy Policy. To access, update or correct any information I will contact the Secretariat.

Signed.....
 Print.....
 Date.....