



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

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 Card 2008-2009 will be issued.

Membership Certificate required. **Yes** **No**

QUALIFICATIONS

Please enclose a copy of your degree/academic transcript and if trained overseas your COTRB assessment results. You can obtain a certified copy by taking your original documents and a photocopy to a Justice of the Peace (JP), any officer of the court, a teacher, lecturer or professor. They 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.

Qualification _____ Institution _____ Date Course Completed _____

Qualification _____ Institution _____ Date Course Completed _____

COTRB Assessment Number _____ (if overseas trained)

Are you Driver Assessment Trained? YES NO Year _____ Registration Number _____

Are you currently conducting driving assessments? YES NO

Other Languages NO YES Please List: _____

FOCUS GROUP MEMBERSHIP

To join or renew your membership to a focus group, please tick the group/s below

- | | | |
|---|---|--|
| <input type="checkbox"/> Ageing Brain (NEW) | <input type="checkbox"/> Driving | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Oncology and Palliative Care | <input type="checkbox"/> Paediatric and Adolescent |

You will be sent Focus Group minutes if you choose to join one of the above.

Meeting dates are advertised through the newsletter.

PRIMARY AREA/S OF INTEREST

The following data is used for our planning purposes. Please refer to our privacy policy at the end of this document. **PLEASE SELECT ONLY SIX.**

- | | | |
|---|---|---|
| <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"/> Home 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) | | |

PRIMARY POSITION DETAILS

Work Category

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinician (CLI) | <input type="checkbox"/> Clinician/Manager (CLM) | <input type="checkbox"/> Manager/Administrator (ADM) |
| <input type="checkbox"/> Educator/Teacher (EDU) | <input type="checkbox"/> Researcher (RES) | <input type="checkbox"/> Other _____ |

Work Sector

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Sector (PBS) | <input type="checkbox"/> Private and for Profit (PRP) | <input type="checkbox"/> Private and not for Profit/Charitable (PRN) |
| <input type="checkbox"/> Private and Sole Practitioner (PPS) | <input type="checkbox"/> Private and Group Practice (PPG) | |

Work Setting

Health Service (public or private):

- | | | |
|---|--|--|
| <input type="checkbox"/> Inpatient Acute (ACHINP) | <input type="checkbox"/> Outpatient/Ambulatory (OTP) | <input type="checkbox"/> Inpatient Sub-acute/Rehabilitation (SARINP) |
|---|--|--|

Community:

- | | |
|---|--|
| <input type="checkbox"/> Community Health Centre (CHC) | <input type="checkbox"/> Day Care Centre (DCC) |
| <input type="checkbox"/> Domiciliary Care Service (DDC) | <input type="checkbox"/> Nursing Home/Retirement Living/Residential Care (NHR) |

Educational Institution:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Pre-School (PRE) | <input type="checkbox"/> School (SEC) | <input type="checkbox"/> Tertiary (TER) |
|---|---------------------------------------|---|

Other:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disability Service (DIS) | <input type="checkbox"/> Private Practice (general) (PP) | <input type="checkbox"/> Occupational Rehabilitation (ORH) |
| <input type="checkbox"/> Residential Care Facility/Nursing Home (RCF) | <input type="checkbox"/> Other, Please specify _____ | |

Client Age

- | | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 0-17 years | <input type="checkbox"/> 18-65 years | <input type="checkbox"/> 18+ years | <input type="checkbox"/> 65+ years | <input type="checkbox"/> All Ages | <input type="checkbox"/> 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 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

Membership Status YES NO **Work Contact** YES NO **Private Practice** YES NO

Note: Medicare and private health insurers and others sometimes request confirmation of membership status Eg: 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.saboard.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. Tax deductibility – fees may be claimed as a tax deduction.
6. Membership cards will be issued to all members and student members.
7. Membership of OT AUSTRALIA NSW obligates the member to abide by the OT AUSTRALIA Code of Ethics.
8. 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.

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

- Your completed application form? Payment of the relevant fee?
- A copy of your qualifications or academic transcript?

I certify that all information furnished is true and accurate in every respect. I certify that I have not been refused membership of 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. 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