NEW GRADUATE APPLICATION FORM

Tier 2 for those who completed their course in 2014, 2015 or 2016

Ordinary Membership

Speech Pathology Australia

1 January - 31 December 2017

For membership until 31 December 2017

Please use BLOCK LETTERS. The original application form must be returned to National Office. Scanned or faxed applications will not be accepted.

Member ID: ☐☐☐☐☐

Membership Category Applied For (*please tick*)

Ordinary Membership: ☐ **Certified Practising Membership with Provisional CPSP**

Personal Information

Family name: (Mr, Ms, Mrs, Miss, Dr)_____

Given names: _____

Former name: (*if applicable*)_____

Date of birth: _____/_____/_____ (*used for security purposes to confirm identity on the phone*)
Day Month Year

Contact Details

Address: _____

Suburb: _____ State:_____Postcode: _____

Phone:_____ Mobile : _____

Email: (*compulsory*): _____

If you do not wish to receive Association news please contact National Office: Membership@speechpathologyaustralia.org.au

Twitter handle: _____

Languages spoken: _____
(Please list languages spoken other than English, including a Sign Language if applicable)

Publications *Please nominate your preferred delivery method for:*

Speak Out - *The Association's bi-monthly member magazine*	☐ Do not wish to receive	☐ Electronically	☐ Hard copy
JCPSLP - *Journal of Clinical Practice in Speech Language Pathology*	☐ Do not wish to receive	☐ Electronically	☐ Hard copy

Workforce Data

If not born in Australia, your country of birth: _____

Are you of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

Qualifications

Speech Pathology qualifications: _____

University:_____Month and Year of completion: _____

NOTE: If you qualified as a speech pathologist overseas you are required to complete a separate application form to have your qualifications recognised. The form can be obtained from Speech Pathology Australia. If your qualifications have been previously assessed by Speech Pathology Australia, please state the assessment date below. Applicants who have undergone the Association's Overseas Qualifications Assessment are not required to resubmit their documents but further information may be requested if eligibility was assessed more than two years ago.

For those with overseas qualifications, date of assessment_____

Employer details (if applicable)

Please provide full details. Information may be used for public referrals and online searches.

Employer/Practice name: _____

Address: _____ **Suburb:** _____

State: _____ **Postcode:** _____ **Country:** _____ **Phone:** _____

Email: _____ **Fax No:** _____ **Website:** _____

Sector:

- ☐ **Public**
  - ☐ Community Health
  - ☐ Education
  - ☐ Hospital/rehabilitation
  - ☐ Mental Health
  - ☐ Early Childhood
- ☐ **Academic**
- ☐ **Private**
  - ☐ Sole practitioner
  - ☐ Employer
  - ☐ Employee
- ☐ **NGO/NFP**

Age group (s)

- ☐ Infants 0–2
- ☐ Children 2– 5
- ☐ Children 5–12
- ☐ Adolescents: 12–18
- ☐ Adults: 18–65
- ☐ Aged (over 65)

Funding provider:

- ☐ Better Start DSS
- ☐ DVA
- ☐ HCWA DSS
- ☐ Medicare
- ☐ My Aged Care
- ☐ NDIS
- ☐ Primary Health Network
- ☐ Private health funds
- ☐ Transport accident/ compensable
- ☐ Work Cover

Services:

- ☐ Clinic based
- ☐ Community based
- ☐ Daycare Visits
- ☐ Home visits
- ☐ Mobile
- ☐ Nursing home visits
- ☐ Pre school visits
- ☐ School visits
- ☐ Telepractice

Other services:

- ☐ Consultancy
- ☐ Corporate training and/or PD
- ☐ Group programs
- ☐ Medico Legal
- ☐ Research

Clinical services provided

- ☐ Aboriginal health
- ☐ Accent modification
- ☐ Aged Care
- ☐ Adult language (incl. Aphasia)
- ☐ Articulation
- ☐ Auditory processing
- ☐ Augmentative & Alternative Communication(AAC)
- ☐ Autism Spectrum Disorders (ASD)
- ☐ CALD populations
- ☐ Childhood Apraxia of speech
- ☐ Childhood speech sound disorders
- ☐ Clinical education
- ☐ Craniofacial (incl. cleft)
- ☐ Cochlear implants
- ☐ Disability
- ☐ Head & neck
- ☐ Head injury
- ☐ Hearing loss
- ☐ Infant feeding
- ☐ Language/Learning (child & adolescent)
- ☐ Laryngectomy
- ☐ Literacy
- ☐ NMES
- ☐ Mental health
- ☐ Orofacial myofunctional disorders
- ☐ Palliative care
- ☐ Progressive neurological
- ☐ disorders Residential aged care
- ☐ Selective mutism
- ☐ Social communication
- ☐ Stroke
- ☐ Stuttering/fluency
- ☐ Swallowing/dysphagia
- ☐ Tracheostomy
- ☐ Videofluroscopy
- ☐ Voice
- ☐ Youth/ Adult Justice

Hours: ☐ Full Time ☐ < 35 hours ☐ < 25 hours

☐ **Please tick if you do not want these details used for public referrals or online searches.**

Speech Pathology Australia

MEMBER DECLARATION

Please read, sign and date

I hereby apply for admission to The Speech Pathology Association of Australia Limited as a Certified Practising Member with Provisional CPSP Status

I declare that:

a. I meet the Association's entry standards for the membership category I have applied for:

I completed my entry level Speech Pathology course less than 3 years ago and this is my first year of joining as a Certified Practising member or Full-time Postgraduate Student member. I agree to undertake professional development activities as outlined in the Provisional CPSP document to join with Provisional Certified Practising Speech Pathologist (CPSP) status.

b. Both the information and the supporting documentation I have provided are a true and accurate record.
c. I will abide by the Association's Rules and its Code of Ethics in my practice of speech pathology.
d. I do not have any physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, my ability to practise as a speech pathologist.
e. I have not had my registration as a health practitioner refused, cancelled or suspended in a foreign country or in any Australian State or Territory.
f. I have not had my registration as a health practitioner subject to any conditions, undertakings or limitations in Australia or overseas.
g. I am not subject to any current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity, or any similar investigation or proceeding in relation to the practice of speech pathology in Australia or overseas.
h. I have not had a finding made against me of professional misconduct, incompetence or incapacity or any similar finding in relation to the practice of speech pathology in Australia or overseas.
i. I have not had any privileges, benefits or entitlements (including any relating to billing) regarding my practice as a health professional withdrawn, suspended or subject to any conditions or undertakings by any government body or agency in Australia or overseas.
j. I have not been charged with any criminal offence in Australia or overseas.
k. I have not been convicted of any criminal offence, or entered a plea of guilt or had a finding of guilt made against me by a court or tribunal for a criminal offence, in Australia or overseas.
l. I am not involved in any current proceeding in respect of any criminal offence in Australia or overseas.

Note: If you cannot declare all of the above matters, you must contact the Association and provide details of the reasons.

In signing this member application form to become a 2017 Provisional Certified Practising Speech Pathologist, I agree:

- to undertake sufficient professional development throughout 2017 to meet the annual requirements of of the Professional Self Regulation (PSR)Program including at least 12 PSR points in the activity type 'mentoring and clinical supervision'
- to complete the free online SPA resources on Evidence Based Practice and Ethics Education
- if any of the information given is found to be false or unsupported I will not be eligible to use the title of Certified Practising Speech Pathologist (Provisional)

To progress from provisional CPSP status to full CPSP status in 2018. You must have:

- Earned at least 12 points in PSR activity type M in Mentoring and/or Clinical supervision activities since commencing employment.
- Earned at least 8 points in PSR Activity Independent Study, by completing two online SPA resources:
  - Evidence-Based Practice Independent Study Resource and
  - Ethics Education.These are free resources on the Speech Pathology Australia website.
- Worked a minimum of 200 hours in speech pathology practice

Continuing obligation of members to inform Association of changes

I agree to inform the Association, if during my membership, there is a change in the status of any of the above matters which I have declared. I will inform the Association within 7 days of becoming aware of the change.

And, I acknowledge that I have read the Association's Privacy Collection Statement and I consent to the information about me contained in this form being collected by Speech Pathology Australia for the purposes of processing my membership application and for other purposes related to my membership and agree to the use and disclosure of personal information provided by me for the purposes of furthering the interests of the speech pathology profession and the objects of Speech Pathology Australia.

Signature: _____ **Date:** _____

Application checklist

Please ensure you have completed all sections of the application form and have signed the member declaration.
Please check you have provided the following:

- ☐ ***certified**** evidence you have successfully completed your course.
- ☐ ***certified**** evidence of any name change since completion of your course. (if applicable)
- ☐ evidence of enrolment in a full-time postgraduate speech pathology related program (if applicable).
- ☐ the required membership fee.

Certified copies means copies of your original documents must be signed and stated as 'a true and correct copy' by a Justice of the Peace or Commissioner for taking Affidavits (e.g. Accountant, Pharmacist, Police Officer, Nurse)

Please contact National Office for further information:
Address: Level 1, 114 William Street, Melbourne Vic 3000
Phone: +61 3 9642 4899 or 1300 368 835
Email: membership@speechpathologyaustralia.org.au
Website: www.speechpathologyaustralia.org.au

Payment details for 1 January - 31 December 2017

Membership fee	Australian mailing address (incl GST)
☐ Provisional Certified Practising Tier 2	**$129.00**
Total Payable:	

To Speech Pathology Australia: (Please Tick)
Direct Debit – Please see over to complete details (bank account only). An administration fee of $10 (incl. GST) applies.
OR
Cheque / Money Order ☐ Full amount
OR
Credit Card ☐ Full amount

Card type: ☐ MasterCard ☐ Visa

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp Date: ☐☐ / ☐☐

Name on card:_____ **Signature of cardholder:**_____

In the event of a miscalculation of the membership category amount due, I authorise the Association to debit the correct amount. Applies to credit card and direct debit payments only. Cheques that have the incorrect amount will be returned to be amended.

How did you find out about Speech Pathology Australia?

tick one

- ☐ Advertisement
- ☐ Internet
- ☐ Colleague/word of mouth
- ☐ University
- ☐ Family/Friends
- ☐ Medicare
- ☐ Other _____

I have been referred by:
*(optional) Name:*_____

*and/or member number*_____

Direct Debit Request

Request and authority to debit the account named below to pay Speech Pathology Australia.

Speech Pathology Australia

Member Number:

Request and authority to debit	**Your Surname** _____ **Your Given names** _____"you" request and authorise Speech Pathology Australia to arrange, through its own financial institution, a debit to your nominated account any amount Speech Pathology Australia, has deemed payable by you (In accordance with the annual membership fee as outlined). This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Frequency	Payments will be debited over 11 months (Jan-Nov) on the **20th** of each month or closest business day. ☐ **Monthly** ☐ **Quarterly** ☐ **Yearly** Please select your payment frequency.
Insert the name and address of financial institution at which account is held	**Financial institution name**_____ **Address** _____ _____
Insert details of account to be debited	**Name/s on account** _____ **BSB number (must be 6 digits)** |_|_|_| - |_|_|_| **Account number** |_|_|_|_|_|_|_|_|_|
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Speech Pathology Australia** as set out in this Request and in your Direct Debit Request Service Agreement. An administration fee of $10 will be applied to your yearly total if you elect to pay by this method. If you join after January the first instalment will include an adjustment amount (e.g. if you join in June your first instalment will include all back dues from Jan to June and normal monthly or quarterly amounts will resume in July) By electing to pay by instalments you are also opting to have your membership automatically rolled over into the forthcoming year therefore authorising Speech Pathology Australia to continue deducting membership fees until you notify Speech Pathology Australia in writing to cease deductions or your membership is cancelled or withdrawn and outstanding fees are collected. You will be notified in writing of any change to your deductions at least 30 days prior to that change. The monthly deduction is one eleventh of the total of your annual membership. The administration fee will be added to your first instalment. I understand that instalments cannot be cancelled throughout the year and I am authorising **Speech Pathology Australia** to deduct the balance of my membership fees from the above bank account or by other means where appropriate. I authorise Speech Pathology Australia to deduct the amount indicated by my preferred means of payment. In the event of a miscalculation of the amount due, I authorise Speech Pathology Australia to debit the correct sum where the miscalculated amount does not exceed 10% of the total amount due.
Insert your signature and address	**Signature** _____ **Address** _____ _____ **Date** ___/___/___