



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 2009-2010 will be issued.

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

Membership fee schedule

Full member categories	Total Annual Amount	Tick for Annual Amount	Installments (incl. \$3 processing per installment)	Tick for Installments
Category A – working 20+ hours per week	\$483.00		\$164.00 (x3)	
Category B – working 10-19 hours per week	\$404.00		\$137.67 (x3)	
Category C – working up to 9 hours per week	\$353.00		\$120.67 (x3)	
Retired, on leave or overseas	\$266.00		\$91.67 (x3)	
Category A - New Graduate – working 20+ hours per week	\$362.00		\$123.67 (x3)	
Category B - New Graduate – working 10-19 hours per week	\$303.00		\$104.00 (x3)	
Category C – New Graduate – working up to 9 hours per week	\$266.00		\$91.67 (x3)	
On leave or overseas New Graduate	\$201.00		\$70.00 (x3)	

Other categories	Total Annual Amount	Tick for Annual Amount	Installments (incl. \$3 processing per installment)	Tick for Installments
NSW ASSOCIATE: Employment does not require OT or health qualification	\$325.00		\$111.33 (x3)	
FRIEND of NSW: Retired, overseas or currently unemployed past member (only available if a previous member for a minimum of one year)	\$93.00		\$34.00 (x3)	
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	

Payment options: (please tick appropriate box for A or B and complete the relevant details)

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

B. Three (3) Installments by credit card (Visa and MasterCard only)

The first installment payment will occur at renewal or commencement of membership. Payment for the 2nd and 3rd installments will be on, or as soon as possible after **1 October 2009** and on, or as soon as possible after **1 February 2010**. Please check terms and conditions and advise any changes to credit card details prior to installment deduction dates.

Credit Card Authorisation

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

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date _____

Card Holders Name _____

3 Digit Security Code _____

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.

- Ageing Brain
- Driving
- Mental Health
- Neurology
- Oncology and Palliative Care
- Paediatric and Adolescent

Primary Position Details

Work Category

- 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 (DDC)
- Day Care Centre (DCC)
- Nursing Home/Retirement Living/Residential Care (NHR)

Educational Institution:

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

Other:

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

Details for reference list Yes No See conditions and sign next page

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 installment method. Members choosing to pay by the installment 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 installment 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 installment 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. 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.....