

# Tasmanian Association of Vocational Rehabilitation Providers Inc

ABN: 96 128 479 496

admin@tavrp.com.au

GPO Box 1637, Hobart, TAS, 7001

## APPLICATION FOR ASSOCIATE MEMBERSHIP

(See criteria for Associate Membership)

### PERSONAL DETAILS

Given Names:..... Surname:.....  
Postal Address:.....  
Town/Suburb:..... Postcode:.....  
#Gender:  Male  Female #Date of Birth:..... (# non mandatory field)

### EMPLOYMENT DETAILS

Name of Employer:.....  
Postal Address:.....  
Town/Suburb:..... Postcode:.....  
Preferred Mailing Address (please tick):  Business  Private

### CONTACT DETAILS

Business Phone:..... Private Phone:.....  
Mobile Phone:..... Facsimile:.....  
  
Email Address:.....

### POST SECONDARY EDUCATIONS DETAILS

Discipline:..... Year of completion:.....  
Qualification 1\*:  
Name of Institution:.....  
Discipline:..... Year of completion:.....  
Qualification 2\*:  
Name of Institution:.....

\* Please attach certified copies of your academic transcript to verify your qualification

### PROFESSIONAL MEMBERSHIP DETAILS (if relevant)

List professional organisation memberships (current and/or eligible for membership):

Organisation 1:.....  
Organisation 2:.....

### VOCATIONAL REHABILITATION EXPERIENCE

Name of Current Employer:.....  
Current Position:..... Years in position:.....  
Main duties:.....  
..... % time devoted to Voc Rehab.....  
Name of Previous Employer:.....  
Position:..... Years in position:.....  
Main duties:.....  
..... % time devoted to Voc Rehab.....  
Name of Previous Employer 2:.....  
Position:..... Years in position:.....  
Main duties:.....

..... % time devoted to Voc Rehab.....

Name of Previous Employer 3:.....

Position:..... Years in position:.....

Main duties:.....

..... % time devoted to Voc Rehab.....

Name of Previous Employer 4:.....

Position:..... Years in position:.....

Main duties:.....

..... % time devoted to Voc Rehab.....

**REASON FOR INTEREST IN TAVRP Inc**

Please give a brief outline of your interest in joining TAVRP Inc and any special interest areas:

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I have read and understood the criteria for Associate membership as well as TAVRP Inc's *Code of Principles and Practice*, and *Code of Conduct*. I agree to be bound by the above Codes and Standards. I accept that my application will be reviewed by TAVRP Inc's Committee which may seek further information to determine my application for membership.

Signed:..... Date:.....

Please forward this application by mail to the Secretary, TAVRP Inc, GPO Box 1637, Hobart, 7001 or email to [admin@tavrp.com.au](mailto:admin@tavrp.com.au) or fax to 6225 3898

