

Tasmanian Association of Vocational Rehabilitation Providers Inc

ABN: 96 128 479 496

admin@tavrp.com.au

GPO Box 1637, Hobart, TAS, 7001

APPLICATION FOR STUDENT MEMBERSHIP

(See criteria for Student 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 COURSE UNDERTAKEN OR CURRENTLY BEING UNDERTAKEN

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

* Please attach certified copies of your Student ID & enrolment details to verify your eligibility

PROFESSIONAL MEMBERSHIP DETAILS (if relevant)

List professional organisation memberships (current and/or eligible for membership):
Organisation 1:.....
Organisation 2:.....

VOCATIONAL REHABILITATION EXPERIENCE (if applicable)

Name of Current Employer:.....
Current 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 Student 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 or fax to 6225 3898