



APPLICATION FOR PROFESSIONAL MEMBERSHIP

(See criteria for membership level applied for on website)

- Provisional Member
- Member
- Fellow

PERSONAL DETAILS

Given Names: Surname:
 Postal Address:
 Town/Suburb: Postcode:

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:
 Email Address:

TERTIARY EDUCATION DETAILS

Discipline: Year of completion:
 Qualification 1*:
 Name of Institution:
 Discipline: Year of completion:
 Qualification 2*:
 Name of Institution:
 Discipline: Year of completion:
 Qualification 3*:
 Name of Institution:

** To verify your qualifications, please attach copies of your Degree, or your Academic Transcript*

PROFESSIONAL MEMBERSHIP DETAILS

Organisation 1: current and/or eligible
 Organisation 2: current and/or eligible

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.....

REFEREES

Names and contact details of two referees who can attest to your Voc Rehab experience

Referee 1:
 Contact details:
 Referee 2:
 Contact details:

TAVRP is happy to have a Full Member liaise with you regarding obtaining Referees, just email admin@tavrp.com.au

ADDITIONAL PROFESSIONAL ACTIVITIES (Applicants for Fellow only)

Give details of continuing professional development, professional publications or professional presentations:

I have read and understood the criteria for membership as well as TAVRP Inc's *Code of Principles and Practice, Competency Standards & Guidelines for Occupational Rehabilitation Providers*, 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 level of 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