



Tasmanian Association of Vocational Rehabilitation Providers Inc.

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ABN: 96 128 479 496

admin@tavrp.com.au

GPO Box 1637, Hobart, TAS, 7001

APPLICATION FOR PROFESSIONAL MEMBERSHIP

(See criteria for membership level applied for: <http://www.tavrp.com/>)

Provisional Member

Member

Fellow

PERSONAL DETAILS

Given Names: _____ Surname: _____

Postal Address: _____

Town/Suburb: _____ Postcode: _____

*Gender: Male Female *Date of Birth: _____ (*non mandatory fields)

EMPLOYMENT DETAILS

Name of Employer: _____

Postal Address: _____

Town/Suburb: _____ Postcode: _____

Preferred Mailing Address (please tick): Business Private *please add if different:*

CONTACT DETAILS

Business Phone: _____ Private Phone: _____

Mobile Phone: _____ Facsimile: _____

Email Address: _____

TERTIARY EDUCATION DETAILS

1) Discipline: _____ Year of completion: _____

Qualification 1*: _____

Name of Institution: _____

2) Discipline: _____ Year of completion: _____

Qualification 2*: _____

Name of Institution: _____

3) Discipline: _____ Year of completion: _____

Qualification 3*: _____

Name of Institution: _____

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

PROFESSIONAL MEMBERSHIP DETAILS

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

Organisation 1: _____

Organisation 2: _____

Organisation 3: _____

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: _____

REFEREES

Names and contact details of two referees* who can attest to your Voc Rehab experience (**can be any two of the following: TAVRP Life Member, Fellow, Full Member or Provisional Member*):

Referee 1: _____ Level of Membership: _____

Contact details: _____

Referee 2: _____ Level of Membership: _____

Contact details: _____

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* (available from <http://www.tavrp.com/>).

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: _____