



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 on website)

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:

POST SECONDARY EDUCATION DETAIL

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

PROFESSIONAL MEMBERSHIP DETAILS (if relevant)

List professional organisation memberships (member or eligible):

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.....

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