



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 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 COURSE/S 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 enrolment details to verify your eligibility*

PROFESSIONAL MEMBERSHIP DETAILS (if relevant)

List professional organisation memberships (member or eligible):

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