

GENERAL PROFESSIONAL MEMBERSHIP APPLICATION

Title:

Full Name:

Postal Address:

Suburb: Postcode/State:

Phone number/s: Work: Mobile:

Email Address:

Preferred contact method (please select): Phone

Email.

1. ACADEMIC QUALIFICATIONS:

2. OCCUPATION:

3. CURRENT AREA(S) OR PROFESSIONAL PRACTICE

4. AREA(S) OF PROFESSIONAL INTEREST:

5. TRAINING RECEIVED IN AREA OF SEXOLOGY:

**6. PLEASE PROVIDE A BRIEF OUTLINE OF YOUR WORK IN THE AREAS OF
SEXOLOGY OVER THE PAST FIVE YEARS:**

7. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS:

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

(Do not send Originals.)

1. SHORT CURRICULUM VITAE:

2. QUALIFICATIONS, DIPLOMAS and CERTIFICATES ECT.

Please only provide certified copies of originals.

They can be certified by a Justice of the Peace or an ASSERT Board Member.

4. PROFESSIONAL INDEMNITY INSURANCE:

Attach certified copy or letter OF EMPLOYMENT from government employer/employee if covered by indemnity insurance by them.

5. PROOF OF MEMBERSHIP OF OTHER THERAPIST/COUNSELLOR PROFESSIONAL ORGANISATION/S.

6. COPY OF NATIONAL POLICE CHECK and/or A signed statutory declaration stating that they have no criminal convictions related to their professional conduct or relevant offenses.

7. COPY OF WORKING WITH CHILDREN CHECK (or state legislated equivalent): (Applicable if you work with people under the age of 18)

8. THE ANNUAL MEMBERSHIP FEE \$60

Account Name: ASSERT
Bank: St George
BSB: 112 879 Account number: 002289 881

Please reference your name on the bank deposit

Email your application to: info@assert.au