

STUDENT 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. EDUCATIONAL INSTITUTION AND NAME OF COURSE YOU ARE CURRENTLY ENROLLED IN:

2. ACADEMIC QUALIFICATIONS (if applicable):

3. OCCUPATION (if working in the sexology/counselling field):

4. CURRENT AREA(S) OR PROFESSIONAL PRACTICE (if applicable):

If more room is needed for Questions 3 to 7, please attached further paperwork.

5. AREA(S) OF PROFESSIONAL INTEREST:

6. TRAINING RECEIVED IN AREA OF SEXOLOGY (if applicable):

7. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS:

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

(Do not send Originals.)

1. SHORT CURRICULUM VITAE

2. COPY OF ENROLLMENT IN CURRENT COURSE

Please only provide certified copies of originals.

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

3. COPY OF QUALIFICATIONS, DIPLOMAS, CERTIFICATES (if applicable)

4. REGISTRATION DETAILS of Professional organisations (if applicable).

5. 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.

6. THE ANNUAL MEMBERSHIP FEE \$35

Account Name: ASSERT
Bank: St George
BSB 112 879 Account number 002 289 881

Please reference your name on the bank deposit

Email your application to: info@assert.au