

# APPLICATION FOR MEMBERSHIP

PO Box 83, North Ryde NSW 1670: T. 612 9887 5035: F. 612 9887 5036:  
E. enquiries@diversionaltherapy.org.au

**Mrs, Miss, Ms, Mr**

*(full name)*

**Residential address**

State
Postcode

**Contact details**  
*(Please include area code)*

Home ( )	Work ( )	Mobile	Fax ( )
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Work Email

Home email

**Qualifications** (eg TAFE Cert IV Leisure & Health or B. Health Science (Leisure & Health)  
Give full title of qualification

Cert IV .....

Diploma .....

Assoc. Degree .....

Bachelor Degree .....

Masters: .....

Other .....

**(send a copy of your certificates/diplomas/degrees with this application)**

**Place of Employment**  
*(include postal address)*

**Area of employment**

Aged Care     Community     Consultancy     Corrective service

Disability     Education     Forensic     Hospital

Indigenous Community     Mental Health     Palliative Care

Rehabilitation     Unemployed     Youth

Other.....

### Form must be completed in full and signed

**Membership levels (see reverse side for further details)**

**Includes \$37.50 joining fee**

- |                                                                  |                                                                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------|
| Full member - Diversional Therapist (Degree/Assoc Deg Qualified) | <input type="checkbox"/> \$227.50 for full year-prorata for part year |
| Full member - Diploma Qualified                                  | <input type="checkbox"/> \$207.50 for full year-prorata for part year |
| Full member - Cert IV Qualified                                  | <input type="checkbox"/> \$187.50 for full year-prorata for part year |

Renewals are required 1<sup>st</sup> July annually for the year in advance. Renewal fee is \$190 (Degree), \$170 (Diploma) and \$150 (Cert IV) at date of printing.

15 points of Professional Development are required each year to retain your DRTA membership  
**do not send payment with this form**

I hereby apply to become a member of Diversional & Recreation Therapy Australia. In the event of my admission as a member, I agree to be bound by the rules and constitution of Diversional & Recreation Therapy Australia.

**Signature of Applicant**

**Date**

**Please note: An invoice for payment will be forwarded once your application is accepted by DRTA Board**

# CRITERIA FOR MEMBERSHIP

## Diversional and Recreation Therapy Australia

**Full Member – Diversional Therapist (Degree/Assoc Degree qualified)** must hold one of the following qualifications:

- (a) Bachelor of Applied Science (Diversional Therapy)\*
- (b) Bachelor of Applied Science (Leisure and Health)\*
- (c) Bachelor of Health Science (Therapeutic Recreation)\*
- (d) Bachelor of Health Science (Leisure and Health)\*
- (e) Associate Degree of Health Science (Leisure and Health)\*
- (f) Diploma of Diversional Therapy\* (Redleaf College ONLY)
- (g) Diploma of Arts (Aged Care) / Associate Degree of Social Science (Aged Care) \*
- (h) Other qualifications of a kind considered by the Board of Diversional & Recreation Therapy Australia to be at least an equivalent standard of qualification referred to in sub paragraphs (a) to (g)

**Full Member – Diploma qualified** must hold one of the following:

- (a) Diploma of Leisure and Health
- (b) Diploma of Community Services (Lifestyle and Leisure)
- (c) Other qualifications of a kind considered by the Board of Diversional & Recreation Therapy Australia to be at least an equivalent standard of qualification referred to in sub paragraphs (a), (b) & (c).

**Full Member – Certificate IV qualified** must hold one of the following:

- (d) Certificate IV Leisure and Health
- (e) Certificate IV Community Services (Lifestyle and Leisure)
- (f) Certificate IV Health and Recreation
- (g) Other qualifications of a kind considered by the Board of Diversional & Recreation Therapy Australia to be at least an equivalent standard of qualification referred to in sub paragraphs (a), (b) & (c).

\* Education as approved by Diversional & Recreation Therapy Australia

<b>How did you hear of DRTA membership?</b> Please tick					
Referred by colleague	<input type="checkbox"/>	Referred by Management	<input type="checkbox"/>	From Web search	<input type="checkbox"/>
D & R Conference	<input type="checkbox"/>	DRTA Conference	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Your Training Organisation	<input type="checkbox"/>	DRTA Workshop	<input type="checkbox"/>	Other social media	<input type="checkbox"/>
University	<input type="checkbox"/>	Other .....			