



## APPLICATION FOR MEMBERSHIP

PO Box 83, North Ryde NSW 1670 T. 02 9887 5035 F. 02 9887 5036  
enquiries@diversionaltherapy.org.au

Mrs, Miss, Ms, Mr	<i>(full name)</i>			
Residential address				
Contact details <i>(Please include area code)</i>	Home ( )	Work ( )	Mobile	Fax ( )
Qualifications (eg TAFE Cert IV Leisure & Health or B. Health Science (Leisure & Health) Give full title of qualification	<input type="checkbox"/> Cert IV ..... <input type="checkbox"/> Diploma ..... <input type="checkbox"/> Assoc. Degree ..... <input type="checkbox"/> Bachelor Degree ..... <input type="checkbox"/> Masters: ..... <input type="checkbox"/> Other ..... <p style="text-align: center;"><b>(send a copy of your certificates/diplomas/degrees with this application)</b></p>			
Place of Employment <i>(include postal address)</i>				
Area of employment	<input type="checkbox"/> Aged Care <input type="checkbox"/> Community <input type="checkbox"/> Consultancy <input type="checkbox"/> Corrective service <input type="checkbox"/> Disability <input type="checkbox"/> Education <input type="checkbox"/> Forensic <input type="checkbox"/> Hospital <input type="checkbox"/> Indigenous Community <input type="checkbox"/> Mental Health <input type="checkbox"/> Palliative Care <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Unemployed <input type="checkbox"/> Youth <input type="checkbox"/> Other.....			

### Form must be completed in full and signed

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

**Includes \$30 joining fee**

Full member - Diversional Therapist(Degree/Assoc Deg Qualified)    \$215.00 for full year-prorata for part year

Full member - Diploma Qualified    \$195.00 for full year-prorata for part year

Full member - Cert IV Qualified    \$175.00 for full year-prorata for part year

Renewals are required 1<sup>st</sup> July annually for the year in advance. Renewal fee is \$185.00 (Degree), \$165.00 (Diploma) and \$145.00 (Cert IV) at date of printing.

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

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

**Signature of Applicant**

**Date**

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

# CRITERIA FOR MEMBERSHIP

## Diversional 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 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 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 Therapy Australia to be at least an equivalent standard of qualification referred to in sub paragraphs (a), (b) & (c).

\* Education as approved by Diversional Therapy Australia

<b>How did you hear of DTA 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"/>	DTA Conference	<input type="checkbox"/>	Carex	<input type="checkbox"/>
RTO visits	<input type="checkbox"/>	DTA Workshop	<input type="checkbox"/>	TAFE	<input type="checkbox"/>
University	<input type="checkbox"/>	Other .....			