

ASSERT NSW

PROFESSIONAL, GENERAL & STUDENT MEMBERSHIP APPLICATION



Applying for: Professional Member Educator Researcher Therapist
 General Member
 Student Member

Title (Mrs, Ms, Mr, Dr, Prof, Other:

Name:

Postal Address:

Postcode:

Phone number/s (H) & (W):

Mobile number:

Email address:

Preferred contact method:

ACADEMIC QUALIFICATIONS:

OCCUPATION:

TRAINING RECEIVED IN BROAD AREA OF SEXOLOGY:

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MEMBERSHIP OF PROFESSIONAL ORGANISATIONS:

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CURRENT AREA(S) OF PROFESSIONAL PRACTICE (if any):

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AREA(S) OF PROFESSIONAL INTEREST:

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PLEASE PROVIDE A BRIEF OUTLINE OF YOUR WORK IN THE AREAS OF SEXOLOGY OVER THE PAST FIVE YEARS (if any):

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CURRICULUM VITAE: attach certified copy

QUALIFICATIONS, DIPLOMAS, CERTIFICATES etc: attach certified copies

PROFESSIONAL INDEMNITY INSURANCE: attach certified copy or letter from government employer/employer if covered by indemnity insurance by them

POLICE CHECK

CHILD CHECK (if working with children)

REFEREES (these can be academic or work related referees)

1/ Name:
Ph:.....
Address:.....
Occupation/Position:.....

2/ Name:.....
Ph:.....
Address:.....
Occupation/Position:.....

In joining ASSERT NSW, you give permission to receive group e-mails from the Association and its members in relation to sexuality, which may or may not interest you. Also, please be aware that your personal security / spam filters may take out e-mails containing certain words (i.e. sex).

Once accredited as an ASSERT NSW professional member, would you like to be listed on the website?

Yes No

You have read the WAS Declaration of Sexual Rights on the ASSERT website and agree to practice in accordance with it.

Signed: _____

Date: _____

CHECK LIST

Read professional criteria	<input type="checkbox"/>
Curriculum vitae	<input type="checkbox"/>
Degrees/Diplomas	<input type="checkbox"/>
Certificates	<input type="checkbox"/>
Police Check	<input type="checkbox"/>
Indemnity Insurance/	<input type="checkbox"/>
Letter from employer	<input type="checkbox"/>
Cheque for relevant fee	<input type="checkbox"/>
CD of application documents	<input type="checkbox"/>

OFFICE USE ONLY

Date received:

Date approved:

Signed on behalf of ASSERT NSW.....

Date

Signed on behalf of ASSERT National

Date: