

# Re-entry Membership Application



**1 July 2023 to 30 June 2024**

A Re-entry membership fee of \$572 (incl. GST) must accompany this application.

\*Pro-rata fees apply from 1 February each year.

## 1. Eligibility Requirements

You must meet the following criteria to be eligible for Re-entry membership.

1. Up to 2015 – previously eligible for Practising membership OR 2016 onwards previously eligible for Certified Practising membership
2. Have worked for less than 1000 hours in the 5 years prior to application.
3. Worked as a speech pathologist for a minimum of 1000 hours in the 15 years prior to application or if you completed your speech pathology degree within the past 10 years, have a minimum of 200 practice hours following degree completion is required.

## 2. Supporting Information

	1st qualification	2nd qualification	3rd qualification
The original name of the degree qualification(s) you received relevant to speech pathology.			
The dates during which you were enrolled.			
The date (month & year) when you completed your degree			

### 2.1 SPA membership/or eligibility for Practising (up to 2015) or CPSP membership (2016 onwards).

➤ I have been or am a current member of SPA  Yes – Member ID: \_\_\_\_\_  No

### 2.2 Recency of Practice.

➤ Date last worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of workplace: \_\_\_\_\_

## 3. Supporting Evidence and Documentation

### 3.1 Curriculum Vitae

I have attached a copy of my CV detailing all work experience (speech pathology and other) including dates worked since course completed.

### 3.2 Evidence of change of name

I have attached a copy of the official document registering my change of name (only required if your name has changed since course completion and you have not previously provided this information to SPA)

### 3.3 Copies of qualification or transcripts

I have attached a copy of the degree qualification(s) or transcript of results I have received in speech pathology, speech therapy, speech sciences, or similar. (A transcript specifies the results you obtained for all subjects undertaken in the course).

### 3.4 Evidence of speech pathology practice

I have attached evidence detailing the number of speech pathology practice hours accrued in the 15 years prior to this application.

#### Acceptable evidence includes:

##### Employees:

- a. A letter or statement of service on letterhead from an employer or human resources department\*
- b. Position description(s) or employment contract(s) on letterhead AND a statutory declaration to attest to the number of practice hours accrued in the previous 15 years.

##### \*Information to be included in a letter or statement of service from an employer:

- Confirmation of previous employment as a speech pathologist.
- Commencement date.
- Finish Date, and
- Hours employed per week or fortnight OR total number of hours worked.

##### Self-employed speech pathologists:

- c. A letter from an accountant (or information from the ATO) confirming that your occupation was speech pathology.
- d. A statutory declaration to attest to the number of practice hours accrued in the previous 15 years.

*Statutory declarations indicating practice hours will only be considered if they can be supported by other documentation.*

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## 4. Personal Information

Title:  Mrs.  Miss  Ms  Mx  Mr.  Dr.  Assoc. Professor  Professor

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Preferred Name: *(if applicable)* \_\_\_\_\_ Former Name: *(if applicable)* \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 5. Contact Details

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: *(if applicable)* \_\_\_\_\_ Country: \_\_\_\_\_

Phone: *(including area code)* \_\_\_\_\_ Email: \_\_\_\_\_

Languages spoken: (other than English, including a Sign Language if applicable) \_\_\_\_\_

a) Are you Aboriginal/Torres Strait Islander descent?  Yes  No

b) Were you born in Australia?  Yes  No if no, where were you born? \_\_\_\_\_

c) Please specify your location.  Metropolitan  Rural  Regional  Remote

## 6. Publications – Please nominate **One** preferred delivery method for:

Speak Out – the Association's bi-monthly member magazine  Electronically  Do not wish to receive.

JCSPSLP – Journal of Clinical Practice in Speech-Language Pathology  Electronically  Do not wish to receive.

IJSLP – International Journal of Speech-Language Pathology  Electronically  Do not wish to receive.

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## 7. Payment

The application fee must accompany this application.

I enclose my cheque/money order made payable to Speech Pathology Australia *(your application will not be processed until funds have cleared)*

Or

Please charge my credit/debit card

MasterCard  VISA

Name on Credit/Debit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Request and authority to debit the account named below to pay Speech Pathology Australia.**

<b>Request and authority to debit</b>	<p>Your Surname _____</p> <p>Your Given names _____ "you"</p> <p>request and authorise Speech Pathology Australia to arrange, through its own financial institution, a debit to your nominated account any amount Speech Pathology Australia, has deemed payable by you (In accordance with the annual membership fee as outlined).</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<b>Frequency</b>	<p>Payments will be debited on 15th of each month or closest business day. Payments will be debited over 11 months from 15th July to 15th May.</p> <p>Please select your payment frequency.</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p>
<b>Insert the name and address of financial institution at which account is held</b>	<p>Financial institution name _____</p> <p>Address _____</p>
<b>Insert details of account to be debited</b>	<p>Name/s on account _____</p> <p>BSB number (must be 6 digits) _____ / _____</p> <p>Account Number _____</p>

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<b>Acknowledgment</b>	<p>An administration fee of \$15 will be applied to your yearly total if you elect to pay by this method. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Speech Pathology Australia as set out in this Request and in the Direct Debit Request Service Agreement.</p> <p>Any person joining or renewing mid membership period will be required to pay back dated fees to the beginning of the membership period. This will be applied on the first direct debit payment. Pro-rated membership fees are not permitted.</p> <p>By electing to pay by instalments you are also opting to have your membership automatically rolled over into the forthcoming year therefore authorising Speech Pathology Australia to continue deducting membership fees until you notify Speech Pathology Australia in writing to cease deductions, or your membership is cancelled or withdrawn, and outstanding fees are collected. You must notify the Association of any changes at least 30 days prior to that change. The Association will also give you thirty days' notice of any changes.</p> <p>In the event of a miscalculation of the amount due, I authorise Speech Pathology Australia to debit the correct sum where the miscalculated amount does not exceed 10% of the total amount due.</p> <p>If two consecutive payments are dishonoured by your nominated financial institution your membership will lapse and all member benefits will cease.</p>
<b>Insert your signature and address</b>	<p><b>Signature</b> _____</p> <p><b>Address</b> _____</p> <p>_____</p> <p><b>Date</b> ____ / ____ / ____</p>

## 8. Member Declaration

I hereby apply for admission to The Speech Pathology Association of Australia Limited as a **Re-Entry Member**.

**By ticking this box, I declare that:**

- a) I have read the eligibility requirements for Re-entry membership.
- b) I meet the Association's entry standards for the membership category I have applied for.
- c) Both the information and the supporting documents I have provided are a true and accurate record, and all information presented is original and my own independent work.
- d) I will abide by the Association's Policies and its Code of Ethics in my practice of speech pathology.
- e) I do not have any physical or mental impairment, disability, condition, or disorder that detrimentally affects, or is likely to detrimentally affect, my ability to practise as a speech pathologist.
- f) I have not had my registration as a health practitioner refused, cancelled, or suspended in a foreign country or in any Australian State or Territory.
- g) I am not subject to any current investigation, inquiry, or proceeding for professional misconduct, incompetence, or incapacity, or any similar investigation, or proceeding in relation to the practice of speech pathology in Australia or Overseas.

h) I have not had a finding made against me of professional misconduct, incompetence, or incapacity, or any similar finding in relation to the practice of speech pathology in Australia or Overseas.

i) I have not had any privileges, benefits, or entitlements (including any relating to billing) regarding my practice as a health professional withdrawn, suspended, or subject to any conditions or undertakings by any Government body or agency in Australia or Overseas.

j) I have not been charged with any criminal offence in Australia or Overseas.

k) I have not been convicted of any criminal offence, or entered a plea of guilt or had a finding of guilt made against me by a court or tribunal for a criminal offence in Australia or Overseas.

l) I am not involved in any current proceeding in respect of any criminal offence in Australia or Overseas.

**Note: If you cannot declare all of the above matters, you must contact the Association and provide details of the reasons.**

And consent to all Speech Pathology Australia to:

i) Obtain information regarding any convictions and disciplinary actions against me including any charges pending or that may arise subsequent to my application.

ii) Use and share any non-identifying information on the results of my application to monitor the functioning of this assessment process and for research purposes.

iii) I provide permission for referees or supervisors to be contacted to confirm the authenticity and accuracy of information.

**Continuing obligation of members to inform Association of changes.**

By ticking this box I agree to inform the Association, if during my membership, there is a change in the status of any of the above matters which I have declared. I will inform the Association within seven days of becoming aware of the change. I acknowledge and agree that the Association may request evidence or information to substantiate my declaration or any matter relating to my declaration and I agree to supply that evidence or information on request. Further, I acknowledge and agree that my failure to provide any information reasonably requested by the Association may affect my eligibility to continue to remain a member.

And, I acknowledge that I have read the Association's Privacy Collection Statement and I consent to the information about me contained in this form being collected by Speech Pathology Australia for the purpose of processing my membership application and for other purposes related to my membership and agree to the use and disclosure of personal information provided by me for the purposes for furthering the interests of the speech pathology profession and the objects of Speech Pathology Australia.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_