



NZSTA Membership Form for 2012

for therapists trained in New Zealand or those that have had their overseas qualifications approved by NZSTA previously

Please complete all sections and questions:

Name _____

Mailing Address _____

Postcode _____ Email _____

Telephone Numbers: (Home) _____ (Work) _____
 (Mobile) _____

Have you previously been a member of NZSTA? Yes / No. If Yes the years (*if known*) _____

Any previous surnames your membership records have been under:

Name and Address of Employer (*if different from mailing address above*)

Sector working in:

(*please tick as many as apply*)

- District Health Board
- Health, other than DHB
- MOE – Special Education
- School
- Charitable Trust
- Private Practice
- University
- Not practising
- Other _____

SLT Qualifications: (*for each SLT qualification attained please provide the following information - write on back of form if more space needed*)

Year attained _____ Qualification _____

University _____

Year attained _____ Qualification _____

University _____

- I have attached a copy of my professional curriculum vitae attached outlining my SLT work experience and professional development completed.
- I have attached a copy of my speech-language therapy qualifications (*this does not need to be a certified copy*)

Ethnicity Group: (*please tick as many as apply*)

- | | | | | | | | |
|------------------|--------------------------|------------|--------------------------|----------|--------------------------|---------------------------------|--------------------------|
| NZ European | <input type="checkbox"/> | American | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | South African | <input type="checkbox"/> |
| NZ Maori | <input type="checkbox"/> | Australian | <input type="checkbox"/> | European | <input type="checkbox"/> | Other (<i>please specify</i>) | <input type="checkbox"/> |
| Pacific Islander | <input type="checkbox"/> | Canadian | <input type="checkbox"/> | Indian | <input type="checkbox"/> | _____ | |

Please indicate how you would like to receive Communication Matters in the future. Hard copies will continue to be sent out for 2012. Hard Copy or pdf or neither

Membership Categories & fees for 2011 calendar year - GST inclusive (Indicate level of membership applied for)

- | | | | |
|--|-----------------------------------|------------------------|--------------------------------|
| Full membership ¹
(working 26 hours or more per week) | \$358.00 <input type="checkbox"/> | Non-working membership | \$238 <input type="checkbox"/> |
| Full membership ^{1,2}
(working less than 26 hours per week) ² | \$250.00 <input type="checkbox"/> | Associate membership | \$238 <input type="checkbox"/> |
| Provisional membership | \$358.00 <input type="checkbox"/> | | |

Payment Options available: (circle one option)

Tax Invoice – GST No. 53-332-439

- a) Paid by cheque made out to NZSTA and enclosed
- b) Payment to NZSTA Bank Account No. 38 9012 0192936 00 made on ____ / ____ / 20
- c) Credit card- *On-line*: for link to the secure payment page go to www.speechtherapy.org.nz/payments
- or _____ Visa or Mastercard Security no. _____
(3 digits from back of card)
- Expiry date ____ / ____ Name on Credit Card _____
- Amount authorised \$ _____ Signature _____

¹ Full members only - please read :

My signature on this form is a declaration that I have worked more than 1,000 hours in the past five years as a speech-language therapist, which I understand is a requirement to maintain full membership.

² Full membership – part time category: If this option is selected my signature on this form is a declaration that I am working less than 26 hours per week as a speech-language therapist and I agree to notify NZSTA in writing of any increase in hours which would take me into the higher full member fee category.

It is a requirement to maintain full membership that you complete and file your Continuing Professional Development record for each year of membership.

Disclosure Information and Declaration:

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy? Yes No
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your employer or any other body? Yes No
3. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body? Yes No

If you answered yes to any of the above please provide details on a separate piece of paper. Include the nature of the offence; the date of the offence; the nature of any penalties or rehabilitation requirements imposed and any other relevant factors you would like the NZSTA to consider.

NOTE: A criminal conviction, disciplinary action or sanction will not automatically preclude membership. The NZSTA will consider all relevant factors.

- A. I have read and understand the NZSTA Code of Ethics (2008) and I agree to abide by this Code and any subsequent amendments. I understand that, should I cease to be a member, any complaint against me may be directed to the Health and Disability Commissioner for investigation.
- B. I agree to abide by all standards required to maintain membership and I understand that, once I receive membership, my membership status may be made available to the public.
- C. I declare that the information provided in this form, and all other relevant documentation, is true and correct.

Signed _____ Date ____ / ____ / ____

Post completed form to:

Executive Officer, NZSTA
P O Box 137 256, Parnell
Auckland 1151

**Membership will only be processed when
the completed membership form and
payment is received**