

Full member application form

Valid from 1 August 2011



Please complete this form in BLACK PEN and CAPITAL LETTERS

Note: If you wish to apply as a Student Member or Affiliate Member, please complete the relevant application form available at www.acwa.org.au

Please read the Member eligibility information available at www.acwa.org.au before completing this form.

Return a completed, signed form and certified copies of documents to:

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Dr/Other

Gender

M F

Date of birth (DD/MM/YY)

 / /

Family Name

Given Name/s

Address

State

Postcode

Telephone (home)

Telephone (work)

Mobile number

Email address

Occupation

Income level – Tick the appropriate box:

\$40,000 or more

First year practicing after graduation from an ACWA approved course

\$20,000 to \$39,000

Volunteer

Less than \$20,000 or unemployed

Permanently retired from workforce

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QUALIFICATION DETAILS

Please complete details of all relevant professional qualifications. For each qualification, please attach certified copies of proof of course completion and transcript of results a report on your field work placements and/or evidence of relevant work experience. Additional evidence may be required, depending on your qualification type and time elapsed since graduation. For more information about field work placements, please read the [Field work placements guidelines](#) available at www.acwa.org.au

If you have more than two (2) relevant qualifications, please attach details on a separate sheet.

Qualification 1

Name of qualification/course

Name of institution (College or University Name)

Campus location

Date course completed (DD/MM/YYYY)

 / /

Australian Course

Overseas Course

Is the course a current or previously approved course? Yes/No

Yes No

If No, please refer to [Additional evidence requirements](#) on this form for details of evidence to provide with this application. For information about which courses are approved, visit www.acwa.org.au or contact us.

Is the qualification more than ten (10) years old? Yes/No

Yes No

If Yes, please refer to [Additional evidence requirements](#) on this form for details of evidence to provide with this application.

Did you receive credit or RPL for more than 25% of your course units? (Yes/No)

Yes No

If Yes, please refer to [Additional Evidence Requirements](#) on this form for details of evidence to provide with this application.

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If you have more than two (2) relevant qualifications, please attach details on a separate sheet.

Qualification 2

Name of qualification/course

Name of institution (College or University Name)

Campus location

Date course completed (DD/MM/YYYY)

 / /

Australian Course

Overseas Course

Is the course a current or previously approved course? Yes/No

Yes No

If No, please refer to [Additional evidence requirements](#) on this form for details of evidence to provide with this application. For information about which courses are approved, visit www.acwa.org.au or contact us.

Is the qualification more than ten (10) years old? Yes/No

Yes No

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Yes No

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ACWA
AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION

Valid from 1 August 2011

MEMBERSHIP ASSESSMENT FEE (if approved, a membership fee will apply)

For the purposes of assessing your application, an application fee applies to all Full Member applications. Application fees are non-refundable. Membership fees are payable by invoice within one month of approval of your application. For more information about fees, visit www.acwa.org.au

Application fee payment method

Tick [✓] the appropriate box:

- Graduate of an ACWA approved course — **\$20**
- Graduate of a non ACWA approved course — **\$150**
- Overseas qualification — **\$200**
- An applicant who has previously been assessed as suitable via Skills Assessment — **\$0**

Tick [✓] the appropriate box:

- Cheque/Money order payable to **ACWA Inc.**
- Visa/Mastercard

Cardholder name:

Card number:

 / / /

Expiry Date:

 /

Total amount to be deducted:

\$

Signature:

Date:

 / /

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DECLARATION

Please sign and date this form, attach all required documents and return it to the address shown below.

I _____ hereby apply for admission to the Australian Community Workers Association (ACWA) as a Full Member and submit this information in support of my application. I declare that all information is true and correct at the time of this declaration. I declare that there is no pending or previous insurance claim against me nor am I aware of any circumstances which might give rise to a claim against me. I have not been declined professional indemnity or public liability insurance in the past*. I acknowledge that it is an ongoing condition of individual membership of ACWA that I undertake at least 20 hours per annum of relevant continuing professional development activities which accord with the criteria set out in the Membership Assessment Criteria for Admission to Membership of the Australian Institute of Welfare and Community Workers Inc. I agree to provide any evidence requested by ACWA that demonstrates my compliance with this condition. If accepted for membership, I undertake to observe and conform to any ACWA requirements as may be published by ACWA from time to time. I agree to abide by ACWA's Code of Ethics.

Privacy

I have read and understood the Privacy Policy available at www.acwa.org.au and consent to ACWA collecting, using, storing and disclosing personal information about me in accordance with the Privacy Policy.

Communication

From time to time, ACWA sends its members communication material (also known as direct marketing and e-marketing material) containing educational material and offers and promotions which are available to members.

Tick this box if you DO NOT want ACWA to use your personal information to send you these communications.

You can change your preference any time by contacting us.

Applicant's signature:

Date:

 / /

* Please contact us if you are unable to make this declaration and we will review the circumstances.

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ADDITIONAL EVIDENCE REQUIREMENTS

If you are applying as a Full member you must provide:

- a letter from the organisation you currently work in

If your course is not a currently or previously approved course, you must provide the following evidence attached to this form:

- a certified copy of a relevant qualification of Diploma level or above
- a report on your field work placements or industry experience within that qualification
- your current curriculum vitae or resume
- the position description for your current employed or voluntary position
- a statement of service from your current organisation confirming 3 years or more of relevant professional experience (of at least 30 hours per week) in the past 10 years if you are in a PAID position (statement of service must show the length of time you have been with the organisation, current and previous roles held within the organisation and main functions of your position)
- a statement of service from your current organisation confirming 3 years or more of relevant professional experience (of at least 15 hours per week) in the past 5 years if you are in a VOLUNTARY position (statement of service must show the length of time you have been within the organisation, current and previous roles held within the organisation and main functions of your position)
- a career portfolio demonstrating achievement of the ACWA core competencies. The details of these are listed under the Pathway B Information Sheet at www.acwa.org.au.

If your qualification is more than ten (10) years old, you must attach to this form evidence of:

- 3 years or more of PAID relevant professional experience (of at least 15 hours per week) in the past 10 years, or
- 3 years or more of professionally supervised VOLUNTARY relevant professional experience (of at least 15 hours per week) in the past 5 years, and
- 2 years or more of attendance at Professional Development seminars and workshops (of at least 20 hours per year).

If you received credit or Recognition of Prior Learning for more than 25% of your course units, you must provide the following evidence attached to this form:

- a certified copy of your credit/RPL transcript or certificate

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