

Affiliate 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 Full Member or Student 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 with your relevant application fee 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

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011



QUALIFICATION DETAILS

Please complete details of all relevant qualifications. For each qualification, please attach certified copies of proof of course completion and transcript of results. A qualification of Certificate IV level or above can be recognised for Affiliate membership.

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/YY)

 / /

Australian Course

Overseas Course

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.

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011



QUALIFICATION DETAILS

Please complete details of all relevant qualifications. For each qualification, please attach certified copies of proof of course completion and transcript of results. A qualification of Certificate IV level or above can be recognised for Affiliate membership.

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

Qualification 2 (if applicable)

Name of qualification/course

Name of institution (College or University Name)

Campus location

Date course completed (DD/MM/YY)

 / /

Australian Course

Overseas Course

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.

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011



WORK EXPERIENCE DETAILS

Please provide details of all relevant work experience. See the [Additional evidence requirements](#) for documents to attach to this application. If you have more than two (2) relevant work experience positions, please attach details on a separate sheet.

Position 1

Voluntary Paid Full time / Part time Hours per week

Name of organisation

Position held

Length of service

Years Months

Position 2

Voluntary Paid Full time / Part time Hours per week

Name of organisation

Position held

Length of service

Years Months

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011



APPLICATION FEE

For the purposes of assessing your application, an application fee of \$30 applies to all Affiliate 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:

Cheque/Money order payable to **ACWA Inc.**

Visa/Mastercard

Cardholder name:

Card number:

 / / / /

Total amount to be deducted:

\$

Signature:

Expiry date:

 / /

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011



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 an Affiliate 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 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 Community Workers Association. 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:

/ /

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009

Affiliate member application form (cont)

Valid from 1 August 2011

EVIDENCE REQUIREMENTS FOR AFFILIATE MEMBERSHIP

Evidence	Documents required
A relevant qualification	<ul style="list-style-type: none">• Certified copies of qualification• Certified copies of transcripts
Relevant Professional Experience	<ul style="list-style-type: none">• Resume / CV outlining :• Information about current and previous employer agencies.• Positions undertaken• Tasks Performed• Length of Employment• Copies of current and any previous Position Descriptions relating to the claims made in the CV submitted• Letter of reference from employer confirming the claims made by the applicant in relation to the application. Applicants may refer to the ACWA Template for Letter of Reference from Employers.

For more information refer to the Evidence Requirement for Affiliate Membership Information Sheet available at www.acwa.org.au

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

ACWA Membership Assessment Officer
PO Box 42
FLINDERS LANE VIC 8009