

Membership Application form

to be completed and emailed to admin@speechtherapy.org.nz along with additional required documents. Please check our website for the requirements for your category – www.speechtherapy.org.nz/membership/membership-categories/

Please provide information requested or **highlight** appropriate answer where provided

Personal Details

Title:

First Name:

Last Name:

Gender: Male/Female/Other

Mailing Address:

- Flat/Street No. Street Name:
- Suburb/Rural:
- Other Address Details:
- City:
- Region:
 - Northland
 - Auckland
 - Waikato / BoP
 - Central
 - Wellington
 - Canterbury
 - Otago / Southland
 - Overseas
- Country:
- Postcode:

E-mail Address:

Phone Home:

Phone Work:

Phone Mobile:

Ethnicity:

- New Zealand European
- Maori
- Samoan
- Cook Island Māori
- Tongan
- Niuean

- Chinese
- Indian
- Other (such as Dutch, Japanese, Tokelauan) Please state:

Membership Category:

- Registered Member
- Registered Member - New Graduate
- Registered Member - Return to Practice
- Registered Member - Not Dysphagia Trained
- Student
- Associate
- Retired
- Life

SLT Qualification

SLT Qualification Title:

University:

Year of Qualification:

Other SLT Qualification Title:

University:

Year of Qualification:

Country Qualified in if not New Zealand

Employment Status

Current Employment Status:

- Full Time (over 26 hours per week)
- Part Time
- Non-Practising/Student
- Currently Not Working
- Self-Employed
- Current Job is Unrelated to SLT Activity Your Primary

Employment Sector:

- District Health Board
- Other Health Organisation (not DHB)
- MOE - Special Education
- School

- Private Practice
- Charitable Trust
- University
- Other

Disclosure Information

Disclosure - Offences

1. Have you ever been convicted of a criminal offence or an offence related to the practice of speech language therapy? If "yes", please send details to admin@speechtherapy.org.nz

- No
- Yes

Disclosure - Professional Practice

2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity by your employer or any other body? If "yes", please send details to admin@speechtherapy.org.nz

- No
- Yes

Disclosure - Disciplinary

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? If "yes", please send details to admin@speechtherapy.org.nz

- No
- Yes

Disclosure - Fitness to Practice

4. Have you, since your last practising certificate was issued, been affected by a mental or physical condition that has the capacity to affect your ability to practise.

- No
- Yes

Declarations

Members are required to abide by the NZSTA Principles and Rules of Ethics which are available online.

- I declare that I have read and understand the NZSTA Principles and Rules of Ethics and agree to abide by all standards required to maintain membership.
- I understand that, once I receive membership, my membership status may be made available to the public.
- I understand that if applying under the student membership category I must be enrolled in an under or post-graduate SLT-related course and not practising as a paid SLT during this time.

- I declare that the information provided in this form, and all other relevant documentation, is true and correct.

Signature:

Date: