



## MEMBERSHIP APPLICATION

Applicant's Name:	
Title:	
Date of Birth:	

I am applying for membership of ANZATSA. Membership is open to all persons of good faith and character.

### CRITERIA:

#### **Two Letters of Reference are required**

All letters must accompany this application (see attached forms).

### EMPLOYMENT:

Profession/Title:	
Organisation/Agency:	
Street Address:	
Suburb:	
State & Postcode:	
Country:	
Phone:	
Fax:	
Email:	

### HOME:

Address:	
Preferred Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Home

### PROFESSIONAL AFFILIATIONS:

**Current professional registration, and/or membership with a relevant professional body:**

Statutory Authority:	
Registration Number:	
Organisation :	
Membership Number:	

## GOOD STANDING IN THE COMMUNITY:

Have you ever been charged with a criminal offence within the last ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please attach a full explanation</b>	
Have you ever been the subject of an Apprehended Violence Order / Restraining Order or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please attach a full explanation</b>	
Have you ever been denied membership in, or terminated from, a professional organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please attach a full explanation</b>	

## Declaration:

In submitting this application, I declare that I am a member of good standing in the community and there is nothing in my history and conduct that would bring ANZATSA into disrepute.

Signature	Date
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## References:

Please list the names and current addresses of two people who are familiar with your professional and personal qualifications. You will be responsible for sending the **Letter of Reference** to those people you have listed (forms attached). The Membership Committee will be unable to process your application until responses are received from your referees. Thank you for your understanding in this matter.

### Referee 1

Name:

Position:

Address:

Postcode:

Phone:

### Referee 2

Name:

Position:

Address:

Postcode:

Phone:

## Thank you for your application.

To assist us in making membership information widely available can you please indicate how you became aware of ANZATSA.

- Colleague
- ANZATSA Conference
- ANZATSA Newsletter "Networks"
- ANZATSA Website
- Other (Please specify)

**The Australian and New Zealand Association for the Treatment of  
Sexual Abuse**

**LETTER OF REFERENCE**

**RE:** \_\_\_\_\_ (Applicant's Name)

Dear Colleague,

The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) is a non-profit, professional organisation that was developed to promote The Australia New Zealand Association for the Treatment of Sexual Abuse is dedicated to community protection and safety, through the promotion of professional standards, practices and education in sexual abuse prevention, assessment, intervention and research.

The person named above has applied for membership in the Association. It is a requirement of membership that applicants supply two letters of reference. You have been listed as a referee to speak of the personal and professional qualifications of the applicant. The membership committee would be grateful if you would complete the enclosed statement and return it to the ANZATSA office. The applicant's membership cannot be processed until all Letters of Reference are received.

We would appreciate your candid comments, whether favourable, or unfavourable. If more space is required, please attach additional sheets. If, for any reason, you are unable or unwilling to complete the enclosed statement, please advise us of your intention. Your assistance in this matter is greatly appreciated.

Thank you for your cooperation.

Sincerely,  
Convenor  
Membership Committee  
ANZATSA

## LETTER OF REFERENCE

I waive any right I might have to review this letter of reference. I understand THE AUSTRALIAN AND NEW ZEALAND ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSE does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Applicant's Signature:

Date:

**NOTICE TO PERSON MAKING RECOMMENDATION:** If the applicant has not signed the above waiver, you should consider this form to be non-confidential.

I understand that \_\_\_\_\_ has applied for membership in the Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) and has requested that I provide a confidential statement regarding the applicant's professional and ethical qualifications.

I certify that the answers and statements provided below are true and complete, to the best of my knowledge.

Referee's Name:		
Occupation:		
Current Employer:		
Address:		
State & Postcode		
Phone:		

I have known the applicant for: \_\_\_\_\_ years:

Professionally:  Yes  No

Personally:  Yes  No

Do you believe the applicant demonstrates ethical integrity in professional and personal behaviour?

Yes  No (IF "NO", PLEASE ATTACH AN EXPLANATION ON A SEPARATE PAGE)

To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal, or unethical conduct?

Yes  No (IF "YES", PLEASE ATTACH AN EXPLANATION ON A SEPARATE PAGE)

Signature:

Date:

**Please complete and forward to:**

The National Administrator  
ANZATSA  
P.O. Box 21218  
Little Lonsdale Street  
VICTORIA 8011  
Australia

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