

**APPLICATION FORM FOR ASSOCIATE MEMBERSHIP**

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| --- | --- |
| **Title:\_\_\_\_\_\_\_\_** | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address (street or PO; Suburb; State; Postcode):** | |
|  | |
|  | |
| **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Phone: \_\_\_\_\_\_\_\_\_\_\_\_ AH phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

1. **Your dance movement therapy training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of qualification** | **Institution** | **Year completed** | **Certified copy attached** |
|  |  |  | Yes/ No |

|  |  |
| --- | --- |
| **Topics studied** | **Number of**  **hours** |
| Counselling and psychological theories and practice including interpersonal communication skills, accurate observation and listening techniques, development of the therapeutic relationship and group therapeutic processes, and assessment and evaluation skills as applied to dance movement therapy. |  |
| Psychological theory that includes humanistic, developmental and psychodynamic models as applied to dance movement therapy. |  |
|  |  |
| Clinical knowledge and skills regarding client needs, conditions and / or pathology |  |
|  |  |
| **Total hours of study** |  |

1. **Your qualifications other than dance movement therapy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of qualification** | **Institution** | **Year completed** | **Certified copy attached** |
|  |  |  | Yes/ No |
|  |  |  | Yes/ No |
|  |  |  | Yes/ No |

**Your current practice of therapeutic dance**

|  |  |  |
| --- | --- | --- |
| **Field** | **Organisation** | **Population** |
|  |  |  |
|  |  |  |

**Other areas of your dance movement therapy expertise and interest**

1. **Professional referees**

Name and contact details of two professional referees who can comment on your expertise as a therapeutic dance practitioner

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee’s name** | **Referee’s**  **professional title and organisation** | **Contact details**  **Ph/email** | **Relationship to Applicant** |
|  |  |  |  |
|  |  |  |  |

**Application payment**

Before submitting your application, you need to pay the $60 application fee

Payment options:

**□** EFT

Account Name: Dance-Movement Therapy Association of Australia

Bank: Westpac Branch: Middle Brighton

BSB: 033-095 Account Number: 33 00 37

Please be sure to identify yourself and include ‘Professional Member application’ in the subject line of the payment.

**□** Paypal

Please email [admin@dtaa.org.au](mailto:admin@dtaa.org.au) to request a ‘Paypal Request For Payment’. This will enable you to pay via Paypal or by credit card if you don’t have a Paypal account.

**Submission of your application**

Before submitting your application, please complete the checklist below.

**□** I am a current DTAA member. If you are not already a General Member, you can join on-line ([www.dtaa.org.au](http://www.dtaa.org.au)) to become a General Member. This will be upgraded to Associate Member once your application is accepted.

I have included

**□ 1.** completed Associate Membership application form.

**□** 2.dance movement therapy training clearly documented

with dates and institutes using pro-forma provided, supported by certified photocopies of transcripts and diplomas

**□ 3.** Documentation of other qualifications clearly documented

with dates and institutes using pro-forma provided, supported by certified photocopies of transcripts and diplomas

**□ 4**. Contact details for two professional referees

**□** I have paid the application fee

Please scan all documents and order them as per above, beginning with the Application Form. Then save them as one pdf document and email to the Professional Membership Committee at [admin@dtaa.org.au](mailto:admin@dtaa.org.au)

**Enquiries:** Sandra Kay Lauffenburger, Convenor Professional Membership Committee on [slauf@netspeed.com.au](mailto:slauf@netspeed.com.au) or 0407248323

**Applicant’s declaration and signature**

I confirm that all information provided in this application is true and correct

I have read and agree to abide by the Code of Ethics and Rules of Professional Conduct of the Dance Movement Therapy Association of Australasia.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date*: \_\_\_\_\_\_\_\_\_\_\_***