

**APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP**

Please use this form to provide the details requested, referring to requirements documented on <http://dtaa.org.au/membership/membership_professional/>.

You may type into each section and expand these to fit all the information you are required to submit. Please DO NOT send hand-written applications.

Documents must be assembled and scanned into one emailable PDF. More detail about this is provided on page seven of the application form.

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

**Comments or opening statement regarding application:** This may include the applicant’s statement of intent about why they are applying, and if there is anything in the application that might need more explanation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Your initial qualification other than dance movement therapy**

**These must be relevant to dance movement therapy**

**(Please circle your choice)**

|  |  |
| --- | --- |
| **a** | **Human or health sciences: allied health, physiotherapy, occupational therapy, nursing, medicine, movement science, etc.** |
| **b** | **Psychology, counselling, psychotherapy, social work, psychiatry** |
| **c** | **Education, special education** |
| **d** | **Dance, or dance education** |
| **e** | **Other, please specify:………………………………………** |

**Add extra rows if required**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of qualification** | **Institution** | **Year completed** | **Scanned copy attached** |
|  |  |  | Yes/ No  Attachment 2a |
|  |  |  | Yes/ No  Attachment 2b |
|  |  |  | Yes/ No  Attachment 2c |

1. **Your dance movement therapy training**

This should be at least 250 contact hours overall. Please add extra rows as necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of qualification** | **Institution/s** | **Year completed** | **Certified copy attached** |
|  |  |  | Yes/ No  **Attachment 1** |

|  |  |
| --- | --- |
| **Topics studied** | **Number of**  **hours** |
| DMT history and theory |  |
| Counselling and psychological theories and practice including interpersonal communication skills, accurate observation and listening techniques |  |
| Development of the therapeutic relationship and group therapeutic processes |  |
| 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 |  |
| Systematic study of anatomy and physiology, biomechanics |  |
| **Total hours of DMT study** |  |

1. **Client contact hours of dance movement therapy**

A minimum of 250 hours of client contact (direct face to face contact only) is required, over a period of no less than two years. Add extra rows if required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Host**  **organisation** | **Client**  **population** | **Supervising**  **staff member** | **Dates of**  **your work** | **Number**  **of hours** | **Documentation**  **provided** |
|  |  |  |  |  | Yes/No  Attachment 3a |
|  |  |  |  |  | Yes/No  Attachment 3b |
|  |  |  |  |  | Yes/No  Attachment 3c |
|  |  |  |  |  | Yes/No  Attachment 3d |
|  |  |  |  |  | Yes/No  Attachment 3e |
|  |  |  |  |  | Yes/No  Attachment 3f |

**Summary of your work with your major populations**

|  |  |  |
| --- | --- | --- |
| **Population** | **Descriptors: client age group, issue for therapy, context, etc.** | **Total hours across all organizations** |
| **Primary population** |  |  |
| **Secondary population/s** |  |  |

**4. Professional supervision completed**

Minimum of 70 hours: A minimum of 35 of these 70 hours must be with a Professional Member of DTAA or a DMT with equivalent qualifications; and the remaining 35 may be with another relevant professional.

A maximum of 35 of the total hours can be counted from supervision undertaken during training, and a minimum of 35 hours must be undertaken post-training.

More information about supervision can be found on DTAA website

http://dtaa.org.au/membership-levels/supervision-requirement-professional-members/

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of**  **supervision** | **Name of**  **supervisor** | **Supervisor’s**  **qualifications** | **Dates** | **Number**  **of hours** | **Documents**  **provided** |
| **4a. During**  **training course** |  |  |  |  |  |
| Two  onsite visits |  |  |  |  | Yes/No  Attachment 4a |
|  |  |  |  |  | Yes/No  Attachment 4a |
|  |  |  |  |  | Yes/No  Attachment 4a |
| **4b. In**  **workplace** |  |  |  |  |  |
|  |  |  |  |  | Yes/No  Attachment 4b |
|  |  |  |  |  | Yes/No  Attachment 4b |
| **4c. Individual supervision** |  |  |  |  |  |
|  |  |  |  |  | Yes/No  Attachment 4c |
|  |  |  |  |  | Yes/No  Attachment 4c |
|  |  |  |  |  | Yes/No  Attachment 4c |
| **4d. Group**  **supervision** |  |  |  | **No more**  **than 10 hours** |  |
|  |  |  |  |  | Yes/No  Attachment 4d |
|  |  |  |  |  | Yes/No  Attachment 4d |
| **4e. Supervision**  **PD sessions** |  |  |  | **No more**  **than 10 hours** |  |
|  |  |  |  |  | Yes/No  Attachment 4e |
|  |  |  |  |  | Yes/No  Attachment 4e |
|  |  |  | **TOTAL**  **HOURS** |  |  |

**Supervision summary**

|  |  |
| --- | --- |
| **Hours of supervision with DTAA Professional member (minimum of 35 hours)** | **Hours of supervision from other professionals** |
|  |  |

|  |  |
| --- | --- |
| **Hours of supervision during training**  **(maximum of 35 hours can be counted towards the 70)** | **Hours of supervision after training**  **(minimum of 35 hours)** |
|  |  |

**Your current dance movement therapy practice**

|  |  |
| --- | --- |
| **Name of organisation** | **Client group and context** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Other areas of your dance movement therapy interest**
2. **Supervisors’ reports**

Using the pro-forma attached (Attachment 6), please provide two reports from supervisors. One report must come from a DTAA Professional Member or DM therapist equivalent (e.g. registered in another country); the second report may come from a workplace or training supervisor who is either a DM therapist or another professional with relevant expertise.

**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

If you don’t have a paypal account, please email [admin@dtaa.org.au](mailto:admin@dtaa.org.au) to request a ‘Paypal Request For Payment’ which will enable you to pay via Paypal by credit card.

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

**Submission of your application**

Your application must be submitted as one PDF file of no more than 10MG in size, as it must be re-emailed out to the review panel members.

Please assemble all documents in the order requested, beginning with the Application Form.

Identify each attachment as per the numbers in the application form (e.g. Attachment A). Additional documents should be scanned so they can be inserted into the PDF. When scanning, set the quality down to low so that the scans are not too big.

Before you email the document, please complete the checklist below.

**□** I am a current DTAA member. If you are not already a General or Associate Member or Provisional Professional 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 Professional Member once your application is accepted.

I have included

**□** a completed Professional Membership application form, accompanied by documentation of:

**□ 1.** Qualifications other than DMT clearly documented with dates and institutes using pro-forma provided, supported by scanned copies of transcripts and diplomas

**□** 2.250 hours of dance movement therapy training clearly documented

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

**□ 3.** documented evidence of 250 hours of client contact hours of dance-movement therapy practice with at least two different population groups, using the pro-forma provided

**□ 4.** documented evidence of 70 hours of supervision, using pro-forma provided

**□ 7.** supervisors’ reports using the pro-forma provided

□ I have paid the application fee

□ I have kept a copy of my application for my own records.

We recommend that you keep a Word version of the completed application form, in case you need to adjust any aspect of it to re-submit.

**Submission email address:** please email to the Professional Membership Committee at [admin@dtaa.org.au](mailto:admin@dtaa.org.au).

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



**Attachment 6: Application for Professional Membership**

**Supervisor’s Report**

**Applicant’s details (applicant to complete)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Workplace:** |  |
| **Client population** |  |
| **Date, times and length of supervision** |  |
| **Supervisor’s details (supervisor to complete)** | |
| **Name** |  |
| **Role** |  |
| **Organization** |  |
| **Qualifications and experience relevant to this supervision** |  |
| **Phone number** |  |
| **Email address** |  |

**Supervision report (supervisor to complete):**

|  |
| --- |
| **How long have you known the applicant?**  **How many hours of supervision with the applicant have you conducted?**  **Please details the applicant’s strengths in dance movement therapy**  **Please provide comment on the applicant’s application of dance**  **movement therapy including: professionalism, punctuality, quality of work**  **and ability to reflect upon professional practice**  **Any additional comments:** |

**Supervisor’s signature: ……………………………………………………..**

**Date: ………………………………………………**