

**APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP**

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

**Category of application for Professional Membership**

**(Please circle your choice)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** |  **2**  | **3** | **4** |  **5** |

1. **Your dance movement therapy training**

This must include at least 250 contact hours. Please add extra rows as necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

A minimum of 250 hours client contact hours is required. At least 200 hours of these must be with a focus on your primary population, and 50 or more hours with a distinctly different second population. Add extra rows if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Host** **organisation** | **Client population**  | **Supervising** **staff member** | **Dates of** **your work** | **Number** **of hours** | **Documentation** **provided**  |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |

1. **Professional supervision completed**

This must include a minimum of 70 hours of which 30 hours must be with a Professional Member of DTAA or a DMT with equivalent qualifications.

Add extra rows if required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of supervision** | **Name of** **supervisor** | **Professional** **Qualification (eg,****DTAA (Professional),** **Reg Psychologist,****Etc)** | **Dates** | **Number** **of hours** | **Documents** **provided** |
| **During training course** |  |  |  |  |  |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
| **In professional workplace** |  |  |  | **Minimum of two** |  |
|  |  |  |  |  | Yes/No |
| **Individual supervision** |  |  |  |  |  |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
| **Group supervision** |  |  |  | **Up to ?? hours** |  |
|  |  |  |  |  | Yes/No |
|  |  |  |  |  | Yes/No |
| **Peer supervision** |  |  |  | **Up to ?? hours** |  |
|  |  |  |  |  |  |
| **Supervision PD sessions** |  |  |  | **Up to ten hours** |  |
|  |  |  |  |  | Yes/No |
|  |  |  | **TOTAL** **HOURS** |  |  |

**Your current dance movement therapy practice**

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

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

1. **Supervisors’s report**

Using the pro-forma attached, please provide a report from a supervisor

1. **Professional referees**

Name and contact details of two professional referees who can comment on your expertise as a dance movement therapy 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 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 or Associate 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

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

**□** 2.250 hours of 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.** documented evidence of 250 hours of client contact hours of dance-movement therapy practice with at least two different population groups, a minimum of 200 hours with primary population and a minimum of 50 hours with a second population, using pro-forma provided

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

**□ 6.** supervisor’s report using the pro-forma provided

**□** 7. 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

**Enquiries:** Sandra Kay Lauffenburger, Convenor Professional Membership Committee on 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*: \_\_\_\_\_\_\_\_\_\_\_***



**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: ………………………………………………**