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**DTAA Professional Membership Re-activation Form**

DTAA Professional Members may apply to re-activate their de-activated DTAA Professional Membership registration within five years from the date of de-activation. Please refer to the De-[activation and Re-activation Bylaws](https://dtaa.org.au/about/operations/) for full details of the re-activation process.

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

I apply to have my Professional Membership re-activated from date: ……….

**Professional Indemnity Insurance**

I confirm that I will have insurance for my practice from this date.

Please tick one of the following:

I will be covered by my employer’s Professional Indemnity Policy

I will have my own Professional Indemnity insurance.

**Ethics and Professional Conduct Declaration**

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| Have you ever had any complaints of professional misconduct substantiated in relation to your work? Note: A "yes" answer will not necessarily exclude you from membership or registration with DTAA. If so please attach documentation outlining the nature and outcome of the complaint. **Yes/No (please circle one)** |  |
| Are you currently being investigated for any complaints of professional misconduct in relation to your work? Note: A "yes" answer will not necessarily exclude you from membership or registration with DTAA. If so please attach documentation outlining the nature and outcome of the complaint. **Yes/No (please circle one)** |  |
| Have you ever had a criminal conviction recorded against you or are you currently under investigation by State, Territory, Federal or International Police? **Yes/No (please circle one)**  If so please attach documentation outlining the nature and outcome of the complaint.  **Applicant Declaration**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please print name)** confirm that:   * I will have professional indemnity insurance cover in place and agree to maintain continuous cover for the duration of my registration. * I agree to abide by the DTAA’s Code of Ethics and Constitution. * I commit to undertaking the annual Supervision and Continuing Professional Development requirements as per DTAA’s renewal purposes.   The information I have provided on this form is true and correct.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Fees and Payments**  There is an application fee of $115 (inc. GST) to re-activate your DTAA membership and registration as well as the appropriate annual membership fee. These will become due as the PMC approves this re-activation. The re-activation will not be in force until those fees have been paid. |  |

**For DTAA Use only:**

**Date of Acceptance by DTAA’s PMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Convener of PMC)**

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