



Dance Movement Therapy Association of Australasia

Application to Upgrade from Provisional Professional to Professional Membership

Please TYPE or PRINT the answers requested below. Documentation and application must be assembled and scanned into a single PDF. Please optimize the size so that it is emailable. See the last page of this document for more information

Full Name	
Mailing address	
Email address	
Phone/mobile	
Month/year of acceptance as Prov Prof	

A. Summary of Client Contact Hours

(since receiving Prov. Prof. Membership only)

Organization/ Location	Client Population	Start/end dates of work	Total no. of hours	Org. contact or supervisor

Please complete the following based on the above and your Prov Prof application information:

No. of client contact hours during TRAINING	
No. of client contact hours POST-TRAINING and reported in Prov Prof Application	
No. of client contact hours POST-Prov Prof (outlined above)	
TOTAL No. of client contact hours (must total more than 250 hours)	

B. Summary of Supervision hours (since receiving Prov. Prof Membership only)

Type/location	Name of supervisor	qualifications	Dates of supervision	No. of hours
In workplace (specify group or individual)				
External (specify group or individual)				

Please complete the following based on the above and your Prov Prof application information:

No. of supervision hours during TRAINING	
No. of supervision hours POST-TRAINING and reported in Prov Prof Application	
No. of client supervision POST-Prof Prof (outlined above)	
TOTAL No. of supervision hours (must total more than 70 hours)	

Please specify the following:

Of the above total hours of supervision, How many hours were with a

Prof DMT or equivalent _____ . (must total a min. of 35 hours)

C. Supervisor’s reports – Using the pro forma found at the end of this application, please provide at least ONE report from a current supervisor. This person should be a DTAA Prof DMT or a DMT equivalent (e.g. registered in another country) unless you can provide reasons why this was not possible or appropriate.

Name of supervisor supplying report: _____

Application payment

Before submitting your application, you need to pay the \$75 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 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

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.

Your application must be submitted as a **single PDF file of no more than 10MG in size**

Before emailing the document, please complete the checklist below.

I am a current **Provisional Professional DTAA member**.

I have included

a completed Upgrade to Professional Membership application form, accompanied by documentation of:

1. documented evidence of 180 additional hours (post attainment of Prov Prof membership) of client contact hours of dance-movement therapy practice using the pro-forma provided

2. documented evidence of the additional number of hours of supervision with the appropriate supervisor, using pro-forma provided

3. supervisor's reports using the pro-forma provided

I have paid the application fee of \$75 AUD

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.

Enquiries: Sandra Kay Lauffenburger, Convener Professional Membership Committee on slauf@netspeed.com.au or 0407248323



Attachment: Application for Upgrading to 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: