

**APPLICATION FORM FOR ASSOCIATE 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.

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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/ NoAttachment 2a |
|  |  |  | Yes/ NoAttachment 2b |
|  |  |  | Yes/ NoAttachment 2c |

1. **Your dance background**

Please outline your study and practice of dance. This should be long term practice of at least two forms of dance, including improvisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Style of dance** | **Years of study/practice** | **Teacher, location** | **Self-assessed level of competency** |
| **Improvisation** |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Your dance movement therapy training**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. **Your current practice of therapeutic movement and dance**

|  |  |
| --- | --- |
| **Name of organisation** | **Client group and context** |
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1. **Other areas of your dance movement therapy interest**
2. **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 $80 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’ 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 have included:

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

**□** qualifications clearly documented with dates and institutes using pro-forma provided, supported by scanned copies of transcripts and diplomas

□ 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.

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