

**Application to Upgrade from Professional**

**to Clinical 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 Professional** |  |
| **DTAA Reg. No.** |  |

1. **Summary of Client Contact Hours**

(a general summary only is needed over the years you have been working, 750+ hours are needed, add more columns if needed)

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

|  |  |
| --- | --- |
| Year you received Professional membership |  |
| Year you completed your Professional training |  |

1. **Summary of Supervision hours** (Please identify 80+ hours of supervision, add more rows if needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type/location**  (workplace or external) | **Name of supervisor & qualification** | **Individual or group supervision** | **Year of supervision** | **No. of hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please complete summary information:**

|  |  |
| --- | --- |
| Total number of hours of supervision since graduation |  |

**Name of current supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide a discussion of your current approach to DMT practice, including concepts and theories that form your key influences. Provide any examples as needed.** Please use additional sheets of paper as needed.

**Have you experience or training as a Supervisor? If so, please outline your approach and offer an idea of your depth of experience.** Please use additional sheets of paper as needed.

**Application payment**

Before submitting your application, you do NOT need to pay an application fee

**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.

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 **Professional DTAA member**.

I have included

**□** a completed Upgrade to Clinical Membership application form, accompanied by documentation of:

**□ 1.** A discussion of my theoretical clinical approach

**□ 2.** A discussion of my experience as a clinical (DMT) supervisor

□ 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