

**APPLICATION FORM FOR Membership as**

**Provisional Professional Dance Movement Therapist**

Please use this form to provide the details requested.

Please type into each section, expanding the section as needed to fit all the requested information. Please DO NOT send hand-written applications.

Documents must be assembled in the order of the sections in this application. Please scan all documents into one emailable PDF

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

1. **Training in Dance Movement Therapy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree/**  **Qualification** | **Tertiary Institution/**  **Location** | **Year graduated** | **Documentation**  **(Degree, Certificate and Transcript)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**To complete chart below, please refer to DTAA’s Competencies (**[**https://dtaa.org.au/dtaas-membership-levels/membership/competencies-dance-movement-therapists/**](https://dtaa.org.au/dtaas-membership-levels/membership/competencies-dance-movement-therapists/)**)**

|  |  |  |
| --- | --- | --- |
| **Units of Competency completed** | **Name of Relevant Unit**  **in Course Curriculum** | **Hrs/**  **Credits** |
| Dance movement therapy knowledge |  |  |
| Dance skills |  |  |
| Body in movement |  |  |
| Therapeutic knowledge and skills |  |  |
| Dance movement therapy practice |  |  |
| Fundamental research skills |  |  |
| Professional practice |  |  |
| **Total hours of DMT study** |  |  |

**Practicum and Supervision –** Please detail a minimum of 150 hours of face to face DMT (leading the session) linked to 30 hours of professional supervision. There must be a minimum of 50 hours of face to face session leading and 10 hours of supervision that has occurred post-training. A minimum of 15 hours of supervision with a Professional or Clinical DMT is also required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization/**  **Location of**  **Placement** | **Client Group/**  **Population** | **Supervisor name**  **Credential** | **Hours of**  **practicum** | **Hours of**  **supervision** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Additional degrees and qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree/ Qualification** | **Tertiary Institution/**  **Location** | **Year graduated** | **Documentation**  **(certificate/diploma; transcript)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Dance skills and training**

Please summarize your study and practice of dance, focusing on long term practice of at least two forms of dance and including improvisation.

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

1. **Your current dance movement therapy work**
2. **Your current DMT Supervisor (name, credential)**
3. **Professional referees**

Name and contact details of at least one Professional or Clinical DMT who can comment on your expertise as a DMT. Your second referee can be in a compatible field such as psychology or creative arts therapy.

Please copy the form found at the end of this application for them to use for their comments on your work as a DMT.

|  |  |  |
| --- | --- | --- |
| **Referee’s name** | **Credential/**  **Organization** | **Contact details**  **Ph/email** |
|  |  |  |
|  |  |  |



**Application for Provisional Professional Membership**

**Supervisor 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: ………………………………………………**

**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](mailto: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 of the items in this application, beginning with the Application Form.

Please scan the entire set of documents into one PDF. If the file is large, please optimize it to a size that can be emailed.

Before you email the document, please complete the checklist below.

I have included:

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

**□** qualifications and training supported by scanned copies of transcripts and diplomas, as well as referee reports

□ I have paid the application fee – please send an electronic copy of payment to [admin@dtaa.org.au](mailto:admin@dtaa.org.au)

□ 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