

APPLICATION FORM Student Membership

Section 1. Identifying information

| PERSONAL INFORMATION | | | |
|--------------------------------------------------------------------------|----------------------------------|-----------------------|--|
| Surname/ family name: | | First/Given names: | |
| Title: | | | |
| Former name (a certified copy* of change of name documents is required): | Click or tap here to enter text. | | |
| Gender: | | Citizenship: | |
| First language: | | Date of birth: | |
| Home phone: | | Mobile: | |
| E-mail: | | | |
| <i>Postal address</i> | | | |
| Street & No: | | Suburb: | |
| State/Province: | | Postcode: | |
| Country: | | | |

Section 2. Documentary evidence

- Proof of enrolment at one of the following Masters-level degrees accredited by Audiology Australia:
 - Macquarie University, Master of Clinical Audiology
 - University of Queensland, Master of Audiology Studies
 - Flinders University, Master of Audiology
 - The University of Melbourne, Master of Clinical Audiology
 - La Trobe University, Master of Audiology
 - The University of Western Australia, Master/PhD in Clinical Audiology
- A certified copy* of your proof of identity (passport, drivers licence, Medicare card, and birth certificate are all accepted as proof of identity).

***Certified copy** requires that a proper person has personally sighted the original and signs a declaration on the copy to this effect "I have personally sighted the original and this is a fair and true copy", Signature, Name (print legibly), Date and Authority. (People who are able to do this include: Justices of the Peace, Lawyers, Medical Practitioners, Registered Pharmacists, Bank Managers). **Please Note: The Authority of the certifying person must be clearly shown.** This will normally be a Registration Number (e.g. JP Medical Practitioner) and/or a business stamp (e.g. Bank Manager).

Section 3. Academic Qualifications

If you wish your undergraduate degree to be recorded in the Audiology Australia database please complete the information below and provide a certified copy of your Academic Transcript of Results for that degree. Please include details of the institution in which you are CURRENTLY enrolled and when you expect to complete your studies.

| QUALIFICATION | INSTITUTION | MONTH/YEAR COMPLETED (OR DUE TO BE COMPLETED) |
|---------------|-------------|-----------------------------------------------|
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Section 4. Membership nomination

You are required to have your application proposed and seconded by a full member of Audiology Australia.

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|------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|
| PROPOSER- "I confirm that I have knowledge of the applicant and their acceptance to a Masters-level degree accredited by Audiology Australia" | | | |
| Name: | | Membership No: | |
| Postal address: | | | |
| Telephone: | | Fax: | |
| E-mail: | | | |
| Signature: | | Date: | |
| SECONDER- "I confirm that I have knowledge of the applicant and their acceptance to a Masters-level degree accredited by Audiology Australia" | | | |
| Name: | | Membership No: | |
| Postal address: | | | |
| Telephone: | | Fax: | |
| E-mail: | | | |
| Signature: | | Date: | |

Section 5. Mandatory declarations

All of the mandatory declarations below must be ticked and you must sign below in order for your application to be approved. If you have any questions regarding any of these declarations, or are unable to declare, please contact Audiology Australia at info@audiology.asn.au or phone **+61 3 9940 3900**.

- I have read, understand and agree to abide by Audiology Australia's [Code of Conduct](#).
- I understand that by lodging my application for student membership, I agree to be a member of Audiology Australia and to be bound by [Audiology Australia's Constitution](#) and any other rules, codes or by-laws of Audiology Australia.
- I give consent to the information about me contained in this form being used by Audiology Australia for the purposes of processing my membership application and for other purposes related to my membership and agree to the use and disclosure of personal information provided by me in accordance with [Audiology Australia's Privacy Policy](#).
- I agree to notify Audiology Australia as soon as practical if information relating to any of the above changes.
- I declare that the information I have provided is true and correct.

Signature of applicant: _____ Date (DD/MM/YY): _____

Send completed application form and all supporting documentation to:

**Audiology Australia Ltd
Suite 101
13 Cremorne Street
Cremorne, Vic 3121**

Note 1: The application form must be submitted with original signatures. **Faxed and emailed forms are not acceptable.**

Note 2: This application is confidential. Correspondence with third parties concerning this application can only be entered into with the written authority of the applicant, except (according to Rule 7.6 and any relevant by-laws) for acquiring additional information relevant to the application.