

CPD ACTIVITIES

APPLICATION FOR ENDORSEMENT

Payment is to accompany endorsement unless other arrangements have been made.

Name of Organisation:					
Address of Organisation:					
Type of Organisation:		Not for Profit	<input type="checkbox"/>		
		Commercial	<input type="checkbox"/>		
Activity Co-ordinator's name:					
Email Address:					
Profession:					
Title of Activity:					
Proposed date/s and location of the Activity (There is no retrospective endorsement)		SA	WA	NT	QLD
		Date.....	Date	Date	Date
		NSW	VIC	TAS	Australia Wide
		Date	Date	Date	Date
Type of Activity: (Please tick one)		Webinar <input type="checkbox"/>	Workshop <input type="checkbox"/>	Seminar/Lecture <input type="checkbox"/>	
Duration of Activity (excluding meal breaks):					
Proposed cost of the activity:		Members \$			
		Non Members \$			
Maximum places for AudA members:					
How will places be allocated:					
Presenter's name:	Qualification relating to the activity:	Affiliation			
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Document Submission Check List:					
1. Speaker bios			5. Draft advertising flyer		
2. Detailed presentation abstracts			6. Evaluation and reflection forms		
3. Learning objectives for participants			7. Quiz with answers (if applicable)		
4. Detailed program					

If the program changes prior to or during the presentation of the program, or if the Abstracts prove not to be an accurate representation of the presented material, Audiology Australia reserves the right to withdraw endorsement.

Email all documents to: memberservices@audiology.asn.au