



membership application 2009

Please complete ALL sections of this form (please *print* clearly)

PART A. CONTACT DETAILS

Title: _____

First Name: _____ Surname: _____

Position: _____

Division: _____

Organisation: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone No. () _____ Fax No. () _____

Mobile No. _____ Email: _____

PART B. PRIVATE ADDRESS / PERSONAL DETAILS

This information is not for publication.

Address: _____

Suburb: _____ Postcode: _____

Telephone No. () _____ Fax No. () _____

Mobile No. _____ Email: _____

PART C. EMPLOYMENT DETAILS

Nature of Agency / Private Practice _____

Time in Position _____

I / My Agency Conducts: (Please tick appropriate box(es)	SELF	AGENCY
Therapeutic work with adult sex offenders	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic work with adolescent / young sex offenders	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic work with victims / survivors of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic work with families who have been involved with sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Case Management of:		
Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>
Victims of Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please describe / specify _____		

I / My Agency has a documented program for therapeutic work with sex offenders. Yes No

Academic Qualifications _____

Professional Registration(s) _____

Other / previous relevant experience in sex abuse field _____

Year began work in this field: Offender Treatment _____ Victim Treatment _____

Do you have access to specific supervision in the sex offenders / sex abuse field. Yes No

If yes please give details _____

Do you have access to a professional support group? Yes No

If yes please give details _____

PLEASE NOTE:

- Membership is attached to individuals NOT organisations
- VOTA reserves the right to check applicant details and refuse membership
- Members must not use membership to imply accreditation of individuals or agencies their level of competence or the standard of their interventions
- Memberships are renewable by 31st December of each year.
THIS MEMBERSHIP WILL EXPIRE DECEMBER 2009

MEMBERSHIP FEES Normal \$30.00 Student \$15.00
 Lapsed Member Admin Fee \$10.00

Are you willing to undergo a Police Check? Yes No

I agree to abide by the rules and conditions of membership as laid down in the VOTA constitution (copy of constitution available upon request).

Signed: _____ Date _____

Tax Invoice/Receipt

Please retain a copy for your records. A receipt will not be issued. VOTA does not collect GST.

Please make cheques payable to VOTA and post to
VOTA Secretariat, PO Box 5305, Mordialloc, Vic. 3195
or complete credit card section below and either post or fax to 03 8648 6388:

Cheque MasterCard VISA Expiry Date ____ / ____

Card Number ____ / ____ / ____ / ____

Amount: \$ _____

Signature _____ Print Name of Card _____

OFFICE USE ONLY	
Date received application _____	
<input type="checkbox"/> Membership Fee Received.	<input type="checkbox"/> Membership Fee banked
<input type="checkbox"/> Member added to main database	<input type="checkbox"/> Acknowledgement Letter sent/emailed
<input type="checkbox"/> Member added to email database	<input type="checkbox"/> Filed