



# THE AUSTRALIAN INSTITUTE OF WELFARE AND COMMUNITY WORKERS INC.

THE ASSOCIATION FOR COMMUNITY SERVICE PROFESSIONALS

Vic. Reg. A0036440S

ABN 28 696 828 620

## APPLICATION FOR MEMBERSHIP

See separate page for **Membership Eligibility** guidelines. If a Pathway B criteria assessment is relevant, please attach full work experience details including: position, organisation, duties, dates, and hours per week, as well as information/evidence in relation to the Core Competencies requirements (separate guidelines available).

**Students - please enclose proof of enrolment from your college/university or arrange for a staff member to complete the student verification over the page.**

Organisational Membership – please complete your personal details hereunder (excluding Professional Qualifications) as well as your Organisation’s details over the page.

Please complete the following details, sign the form and attach **certified** copies of documents together with the relevant application fee, and return to the National Office.

Family Name:		Title:
Given Names:		Date of Birth:
Address:		
		State:
		Postcode:
Phone (home):	Alternate Phone:	Email:
Please advise where/how you found out about AIWCW Membership:		

### Professional Qualifications

**You must attach proof of course completion and a copy of the transcript of results and details of any fieldwork undertaken as part of the course.**

(a) Title of Qualification (b) College or University <u>and</u> (c) Campus Location	Currently Studying?	Completed Mnth/Yr
1. (a) _____ (b) _____ (c) _____	<input type="checkbox"/>	____/____
2. (a) _____ (b) _____ (c) _____	<input type="checkbox"/>	____/____

*Please attach details if additional qualifications are appropriate*

### I hereby apply for admission as a:-

Full Member    
  Affiliate Member    
  Student Member    
  Provisional Student Mbr    
  Organisational Member

of the Australian Institute of Welfare and Community Workers and submit this information in support of my application. I acknowledge that the insurance provision available for individual members is not available for Affiliate or Organisational Members. I declare that there has been no or now pending Insurance claim against me and I am not aware of any circumstances which may exist that might give rise to a claim against me (please advise details if you are unable to make this declaration so that a review of the circumstances may be made). If accepted for membership I undertake to observe and conform to the Rules and Regulations of the Institute and abide by its Code of Ethics. I enclose the Application Fee of \$\_\_\_\_\_ (See over page for fees) in a **cheque/money order payable to AIWCW Inc. or debit my Credit Card** [Visa/Mastercard/Bankcard only]

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Details:

Card Number             Valid to: \_\_\_\_/\_\_\_\_

Name of person card issued to: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FEE

This is a once only fee which helps to pay for the cost of determining eligibility – this is substantial for some kinds of application. Some prospective applicants might find it much less costly to urge their course/campus to gain AIWCW Approval. NOTE: The Application Fee is not generally refundable. Partial re-imburement may be appropriate in some circumstances. Application fees are as follows:

- **Full Member - Eligibility Pathway A** (see separate 'Membership Eligibility' document)  
Graduates of AIWCW Approved diploma and bachelor courses at Approved Campuses pay \$20 as an application fee. If unsure whether your course/campus is approved by AIWCW you may either:
  1. enquire of your course leader
  2. enquire at the AIWCW National Office
  3. complete this form and enclose the \$20 fee – if the campus is not approved you will be invited to use Pathway B, the fee for which is an additional \$80 (or \$30 if earning less than \$20,000 p.a.).
- **Full Member - Eligibility Pathway B** (see separate 'Membership Eligibility' document)  
Applicants with an Other Relevant Qualification and at least three years professional experience, plus evidence of having satisfied AIWCW Core Competencies Requirements **pay \$100**, or **\$50** if annual income is less than \$20,000.
- **Students at AIWCW Approved Courses – if unsure see Pathway A above. No Application Fee required.**
- **Affiliates** - Application Fee is **\$30**
- **Organisational Membership** - Application Fee is **\$50**.

**Please ensure that the APPLICATION FEE is forwarded with this form.** If your application as a Full Member is approved and you join as a member within 30 days of the approval, \$20 of the application fee can be deducted from the Membership Fee.

## MEMBERSHIP FEES

These vary depending upon grade of membership and income – e.g. for Yr. 2007, from \$80 per year for students and \$180 p.a. for part-time employed, to a maximum of \$270 p.a. for those earning >\$40,000 p.a. A discounted half-yearly fee applies to those **joining** after 30th June each year. A Membership Fee schedule will be sent once membership eligibility has been established. Do not pay Membership Fees now – wait until your Application has been approved (but be sure to send your application fee with this form).

## INSURANCE

The above membership fees include Professional Indemnity and Public Liability Insurance coverage (except for Affiliate and Organisational Members). Further details are available in the Insurance Information Sheet included in the Membership Folder which is sent to members upon payment of Membership Fees. If you have been involved with a claim against you in the past or you are aware of any circumstances which may exist that might give rise to a claim against you, please provide full details with your application for membership.

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## STUDENT VERIFICATION (Or if staff are unavailable, provide proof of enrolment)

I, \_\_\_\_\_, a full time staff member at: \_\_\_\_\_

verify that the applicant is currently enrolled in the professional course listed in her/his application and that the course is currently approved by the AIWCW as being appropriate for membership of the AIWCW.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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## ORGANISATIONAL MEMBERSHIP

I hereby apply for Organisational Membership for the organisation specified below. I acknowledge that the insurance provisions available for individual members are not available for an Organisational Membership.

Organisation \_\_\_\_\_

Address \_\_\_\_\_ Pcode \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

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Return the completed Application Form together with **Application Fee** and supporting documentation to:-

**AIWCW Inc. National Office, PO Box 42, FLINDERS LANE VIC 8009**

Phone: (03) 9654 8287 Fax: (03) 9654 1081 Email: info@aiwcw.org.au Website: www.aiwcw.org.au