



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

## Membership Application

Please complete ALL sections of this form (please print clearly)  
Membership is open to all persons of good faith and character

Applicant's Name		
Date of Birth		
Street Address		
Suburb		
State and Postcode		
Preferred Mailing Address	<input type="checkbox"/> Home	<input type="checkbox"/> Work

### CRITERIA

**Two Letters of Reference are required** (see attached forms)

### EMPLOYMENT

Profession / Title		
Organisation / Agency		
Street Address		
Suburb		
State and Postcode		
Country		
Phone		
Email Address		

### PROFESSIONAL AFFILIATIONS

Current professional registrations, and/or membership with a relevant professional body

Statutory Authority	
Registration Number	
Organisation	
Membership Number	



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

## STANDING IN THE COMMUNITY

Have you ever been charged with a criminal offence  Yes  No  
If yes, please provide a full explanation

Have you ever been the subject of an Apprehended Violence Order / Restraining Order or equivalent?  Yes  No  
If yes, please provide a full explanation

Have you ever been accused of, investigated for, and/or involved in an unprofessional or unethical conduct?  Yes  No  
If yes, please provide a full explanation

Have you ever been denied membership in, or terminated from, a professional organisation?  Yes  No  
If yes, please provide a full explanation

## DECLARATION

In submitting this application, I declare that I am a member of good standing in the community and there is nothing in my history and conduct that would bring ANZATSA into disrepute

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your membership application.**

## REFERENCES

Please list the names and current addresses of the two people who are familiar with your professional qualifications and ethical conduct. You will be responsible for sending the Letter of Reference to those people you have listed (forms attached). The Membership Committee will be unable to process your application until responses are received from your referees. Thank you for your understanding of this matter.

Referee 1	Referee 2
Name:	Name:
Position:	Position:
Address:	Address:
Organisation:	Organisation:
Phone:	Phone:



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

**The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA)**

**Letter of Reference**

**RE:** \_\_\_\_\_(Applicant's Name)

Dear Colleague,

The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) is a not for profit, professional organisation that is dedicated to community protection and safety, through the promotion of professional standards, practices and education in sexual abuse prevention, assessment, intervention and research.

The person named above has applied for membership in our Association. It is a requirement of membership that applicants supply to letters of reference. You have been listed as a referee to speak of the applicant's professional qualifications and ethical conduct. The membership committee would be grateful if you would complete the enclosed statement and return it to PO Box 99 Braeside, Victoria, Australia 3195 or email it to [admin@anzatsa.org](mailto:admin@anzatsa.org)

We would appreciate your candid comments, whether favourable, or unfavourable. If more space is required, please attach additional sheets. If, for any reason, you are unable or unwilling to complete the enclosed statement, please advise us of your intention. Your statement is confidential and the information you provide will not be shared with the applicant. Your assistance in this matter is greatly appreciated.

Thank you for your co-operation.

Sincerely,

ANZATSA Membership Committee



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

### Letter of Reference Statement

I waive any right I might have to review this letter of reference. I understand The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) does not require me to execute this waiver and is willing to review my application whether or not I sign it.

---

Signature

---

Date

### NOTICE TO THE PERSON MAKING THE RECOMMENDATION:

If the applicant has not signed the above waiver, you should consider this form to be non-confidential.

I understand that \_\_\_\_\_ (applicant's name) has applied for membership with The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) and has requested that I provide a confidential statement regarding the applicant's professional qualifications and ethical conduct.

I certify that the answers and statements provided are true and complete, to the best of my knowledge.

Name:	
Occupation:	
Current Employer:	
Address:	
State and Postcode:	
Phone:	

I have known the applicant for \_\_\_\_\_ years:

Professionally:     Yes         No

Personally:         Yes         No

Do you believe the applicant demonstrates ethical integrity professionally and personally?  Yes     No (If "No", Please attach an explanation on a separate page)

To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?

Yes         No (If "No", Please attach an explanation on a separate page)

---

Signature

---

Date



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

**The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA)**

**Letter of Reference**

**RE:** \_\_\_\_\_ (Applicant's Name)

Dear Colleague,

The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) is a not for profit, professional organisation that is dedicated to community protection and safety, through the promotion of professional standards, practices and education in sexual abuse prevention, assessment, intervention and research.

The person named above has applied for membership in our Association. It is a requirement of membership that applicants supply to letters of reference. You have been listed as a referee to speak of the applicant's professional qualifications and ethical conduct. The membership committee would be grateful if you would complete the enclosed statement and return it to PO Box 99 Braeside, Victoria, Australia 3195 or email it to [admin@anzatsa.org](mailto:admin@anzatsa.org)

We would appreciate your candid comments, whether favourable, or unfavourable. If more space is required, please attach additional sheets. If, for any reason, you are unable or unwilling to complete the enclosed statement, please advise us of your intention. Your statement is confidential and the information you provide will not be shared with the applicant. Your assistance in this matter is greatly appreciated.

Thank you for your co-operation.

Sincerely,

ANZATSA Membership Committee



ABN: 93 013 689 717 9 (Australia only) Charity registration number CC40415 (NZ only)

### Letter of Reference Statement

I waive any right I might have to review this letter of reference. I understand The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) does not require me to execute this waiver and is willing to review my application whether or not I sign it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTICE TO THE PERSON MAKING THE RECOMMENDATION:

If the applicant has not signed the above waiver, you should consider this form to be non-confidential.

I understand that \_\_\_\_\_ (applicant's name) has applied for membership with The Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) and has requested that I provide a confidential statement regarding the applicant's professional qualifications and ethical conduct.

I certify that the answers and statements provided are true and complete, to the best of my knowledge.

Name:	
Occupation:	
Current Employer:	
Address:	
State and Postcode:	
Phone:	

I have known the applicant for \_\_\_\_\_ years:

Professionally:  Yes  No  
Personally:  Yes  No

Do you believe the applicant demonstrates ethical integrity professionally and personally?  Yes  No (If "No", Please attach an explanation on a separate page)

To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?

Yes  No (If "No", Please attach an explanation on a separate page)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date