



Annual Membership 2018

Apply online: visit physiotherapy.asn.au/renew

OR PLEASE READ ALL SECTIONS CAREFULLY & COMPLETE AS NECESSARY

Membership is valid until
4pm, 31 December 2018

1. Personal details

Physiotherapy Board Reg No: Previous APA Membership No:

Prof Dr Mr Mrs Miss Ms Male Female Date of Birth:/...../.....

Given Names: Surname:

Home Address:

Suburb: State: Postcode: Country:

Home Phone Number: Mobile Number:

Email:

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

2. Business/Employer details

Business/Employer Name:

Street Address:

Suburb: State: Postcode: Country:

Business Ph: Business Fax:

Business Email: Business Website:

Please indicate with a tick, your preferred mail address: Home Business

3. Education details

Entry Level qualification: Institution: Final Year of Study:

Postgraduate qualifications: Institution: Final Year of Study:

Postgraduate qualifications: Institution: Final Year of Study:

4. Privacy and consent

Privacy statement: The APA acknowledges and respects the privacy of its members. All information provided on this form is subject to the APA privacy policy which is available for you to read on www.physiotherapy.asn.au or by contacting the Privacy Officer at privacy@physiotherapy.asn.au or telephoning 03 9092 0888. This information is being collected by the APA and will be held by the APA. You have the right to access and alter personal information about yourself in accordance with the Privacy Act 1988. The APA assists its Corporate Benefits Partners by facilitating mail outs to members preferred mailing addresses unless otherwise stated. Details of national and regional group members may be provided to volunteer committee members acting on behalf of the group and may be included in National Group directories for distribution. Any enquiries can be made to the Manager Membership Division on 1300 306 622.

- I wish for my details to be displayed on "Find a Physio"
- I do not wish to be included in National Group listing directories
- I do not wish to receive information on member benefits from the Corporate Benefits Partners of the APA
- I wish to read *InMotion* online (no hard copy)
- I wish for my details to be provided to Healthdirect and to be displayed on their Allied Health Directory

5. Your acceptance

I acknowledge that I have read, understood and accept the APA privacy policy. I declare all information provided in this form will be true and that I will not suppress nor misstate any facts.

SIGNED: DATE:/...../.....

6. Select your membership category

(all prices are GST inclusive)

Please select the membership level most applicable to you for the majority of 2018.

	Membership & Insurance	Membership Only
Full-time Physiotherapist (more than 18 hours per week)	M1c <input type="checkbox"/> \$1020	M1a <input type="checkbox"/> \$768
Full-time Employed Public Sector Physiotherapist (more than 18 hours per week)	M1d <input type="checkbox"/> \$748	
Part-time Physiotherapist (less than 18 hours per week)	M2c <input type="checkbox"/> \$748	M2a <input type="checkbox"/> \$576
Part-time Employed Public Sector Physiotherapist (less than 18 hours per week)	M2d <input type="checkbox"/> \$576	
Maternity/Paternity/Unemployed (working for less than 6 months)	M3a <input type="checkbox"/> \$420	
Overseas for more than 6 months (must hold current registration with AHPRA)	M3b <input type="checkbox"/> \$420	
Post Graduate study and working less than 18 hours per week	M3c <input type="checkbox"/> \$420	
Non-Practising Physiotherapist registered as NPP with PhysioBA	M8 <input type="checkbox"/> \$420	
Graduate First Year	M5a <input type="checkbox"/> \$420	
Graduate Second Year	M5b <input type="checkbox"/> \$528	
Graduate Third Year	M5c <input type="checkbox"/> \$630	
Graduate Fourth Year	M5d <input type="checkbox"/> \$732	
Graduate First Year Employed Public Sector	M5e <input type="checkbox"/> \$420	
Graduate Second Year Employed Public Sector	M5f <input type="checkbox"/> \$444	
Graduate Third Year Employed Public Sector	M5g <input type="checkbox"/> \$492	
Graduate Fourth Year Employed Public Sector	M5h <input type="checkbox"/> \$492	
Student Year 1 - 4	M7a <input type="checkbox"/> \$0	
Physiotherapy Assistant*		M9 <input type="checkbox"/> \$108
Associate Member (Australia)	M10 <input type="checkbox"/> \$0	
Associate Member (Overseas)*		M11 <input type="checkbox"/> \$108
Affiliate subscription*		M12 <input type="checkbox"/> \$108
Retired and not working in any paid capacity*		M4a <input type="checkbox"/> \$48
Retired with 36 years membership and is over the age of 55 years (subject to office validation)		M4b <input type="checkbox"/> \$0

*Categories are not eligible for instalment payment option and must pay full annual fee upfront.

7. College (renewals only)

(all prices are GST inclusive)

Australian College of Physiotherapists - Fellow		<input type="checkbox"/> \$200
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8. Select your National Groups (optional)

(all prices are GST inclusive)

	Magazine	Premium Principal	Business Affiliate	Member
Acupuncture and Dry Needling				<input type="checkbox"/> \$54
Animal				<input type="checkbox"/> \$54
Aquatic				<input type="checkbox"/> \$54
Business		<input type="checkbox"/> \$312	<input type="checkbox"/> \$204	n/a
Cancer, Palliative Care and Lymphoedema				<input type="checkbox"/> \$54
Cardiorespiratory				<input type="checkbox"/> \$54
Disability				<input type="checkbox"/> \$54
Educators				<input type="checkbox"/> \$54
Emergency Department				<input type="checkbox"/> \$54
Gerontology				<input type="checkbox"/> \$54
Leadership and Management				<input type="checkbox"/> \$54
Mental Health				<input type="checkbox"/> \$54
Musculoskeletal*	<input type="checkbox"/> \$36			<input type="checkbox"/> \$54
Neurology				<input type="checkbox"/> \$54
Occupational Health				<input type="checkbox"/> \$54
Orthopaedic				<input type="checkbox"/> \$54
Paediatric				<input type="checkbox"/> \$54
Pain				<input type="checkbox"/> \$54
Sports*	<input type="checkbox"/> \$36			<input type="checkbox"/> \$54
Women's, Men's and Pelvic Health				<input type="checkbox"/> \$54

*Must be a member of Sports or Musculoskeletal group to purchase the respective group magazine.

NB: Titled membership is automatically applied to national group selection if you have satisfactorily completed the APA Titling Program.

9. Insurance

(see page 4 for full terms and conditions)

The APA has purchased a member insurance policy for \$20M professional indemnity and public liability in 2018. The service provider is BMS Risk Solutions Pty Ltd. ABN 45 161 187 AFSL 461594 and the policy is underwritten by Lloyd's of London. The policy commences on the date your application is completed, subject to insurer's acceptance of your declaration, and all policies have a common expiry date of 4.00 pm on 31 December 2018.

Conditions and consent

Please see full terms and conditions on page four. Insurance cover can only be purchased in your membership. There are no cancellations or refunds for insurance premiums paid. Please note that your membership information will be provided to the insurer.

After making appropriate inquiry of all principals, employees and consultants:

Has there been any medical malpractice or liability claim in the last five years (whether insured or uninsured)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any facts or circumstances that may give rise to a claim against any insured, including any predecessors in business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been any external disciplinary proceeding or been subject to a complaint to a professional society or statutory registration board in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any insurer ever declined a proposal, imposed special terms, declined to renew or cancelled an insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to one or more questions above, a representative from BMS may be in contact with you to discuss further.

Do you currently or plan to treat thoroughbred racehorses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide: Number of thoroughbred racehorses treated within the last 12 months		
Percentage of your income obtained from treating thoroughbred racehorses %		

I acknowledge I have read the conditions on page four, declare my responses are correct and I am not aware of any other material information to be disclosed.

10. Total your membership fees

I wish to pay my membership by:

Payment Option 1 (Full amount paid when this form is returned) \$

Payment Option 2 (Monthly instalment payment plan) \$

Please note: Payment Option 2 incurs a \$12 admin fee. \$ 12.00

Total for college and national groups (sections 7 and 8) \$

Voluntary Donation to Physiotherapy Research Foundation (PRF) \$ 5.00

The PRF supports our profession by promoting, encouraging and supporting research that advances physiotherapy knowledge and practice. Your donation will go directly towards the 2018 research grants program (donations of \$2 or more are tax deductible).

I'd like to support physiotherapy research with a donation to the PRF of:

\$5 (default amount) \$10 \$20 \$30 \$50 \$100 \$200 \$300 Other \$

Please note that PRF donations will be deducted in full in the first instalment payment. **TOTAL AMOUNT DUE** \$

11. Payment options

I wish to pay my membership with: Amex Visa Mastercard Chq/Money Order
(not available with Instalments)

Card Number: / / / Expiry Date: / CVV:

Instalment declaration. By choosing the monthly instalment payment option, I agree to pay the full annual amount for APA membership as selected above. I understand that instalments cannot be cancelled throughout the year and I authorise the APA to deduct the balance of my membership fees on a monthly basis from the above credit card or by other means where appropriate.

Signature: Cardholder Name:

Mail your completed membership form with payment to APA Membership, PO Box 437, Hawthorn BC VIC 3122, fax to +61 3 9092 0899 or email to info@physiotherapy.asn.au

Office Use Only: Batch No.: Date: / /

12. Terms and conditions

APA membership eligibility

Members:

- Agree to abide by the APA Constitution and Code of Conduct
- Are of good fame and character and a fit and proper person to be a member of the Association
- Have not had recorded against them a criminal conviction
- Have not had a ruling of unprofessional conduct, professional misconduct or unsatisfactory professional conduct (or similar) or a finding of grounds for disciplinary action (or similar) by the Physiotherapy Board of Australia or its equivalent or by their Industry Registration Board
- Are registered or previously registered with the Physiotherapy Board of Australia (or other Australian state or territory physiotherapy registration board) (applies to all members except M7, M9, M10, M11 and M12).

For full category definitions and eligibility information, see the APA website.

Insurance terms and conditions

Notice to the proposed insured:

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1, 2, 3, 4, 5 and 6 be brought to your attention before you apply for insurance.

1. Disclosure of relevant facts

Your duty of disclosure.

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act, 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows, or in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure:

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Comment:

The requirement of full and frank disclosure of anything which may be material to the risk for which you see cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims made and notified policy

This proposal is for a 'claims made and notified' policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified)
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy
- claims made, threatened or intimated against you prior to the commencement of the period of cover

- facts or circumstances which you first became aware of prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of the cover.

Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of Run-Off cover is essential. You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Broker acting as agent of insurer

In effecting this contract of insurance the broker will be acting under an authority given to it by the insurer and the broker will be effecting the contract as agent of the insurer and not the insured.

4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your insurer on your behalf. If you become aware of a claim or circumstances and you do not notify them during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or any future related claim.

5. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under this policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under the policy bears to the amount paid to dispose of the claim. Any surplus will be deducted from claim payments.

6. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

For full insurance terms and conditions see the APA website.

Membership instalment and cancellation/refund policies

Instalment policy

The first monthly instalment and administration fee will be deducted upon receipt of renewal. If renewing during or after February, the first instalment will include an adjustment amount. Subsequent monthly instalments will be deducted from your nominated credit or debit card on the first working day of the month. By electing to pay by instalments you are also opting to have your membership automatically rolled over into the forthcoming year, authorising the APA to continue deducting membership fees until you notify the APA in writing to cease deductions or your membership is cancelled or withdrawn and outstanding fees are collected. Instalments can only be cancelled in December at the end of our membership year. You will be notified in writing of any change to your deductions at least 30 days prior to that change. The monthly deduction is one twelfth of the total of your annual membership. If there are insufficient funds available to make the deduction, the APA may pass associated bank fees on to you.

Cancellation/Refund policy

The Australian Physiotherapy Association will not accept membership cancellations and/or issue refunds throughout the year unless under extraordinary circumstances. Applications for a cancellation and/or refund must be made in writing to the Senior Finance & Systems Officer. All applications will be considered on a case-by-case basis and the decision made by the General Manager, will be final. If the cancellation and/or refund is approved, a \$100.00 (inclusive of GST) administrative fee will be incurred.