

Personal Details		
Family Name:		
Given Names:		
Wk:	Hm:	Mob:
Hm Address:		
	Suburb:	Postcode:
Email:		
PLEASE ATTACH: Copies of Proof of Identification, either current Drivers Licence, Passport or Birth Certificate		

Relevant Membership Category (please select the category which best describes your qualifications and experience)		
Qualification	Experience	Relevant Category
<input type="checkbox"/> DEGREE LEVEL QUALIFICATION: An <u>Approved Degree</u> in a Human Services Discipline (see www.waayw.org for a list of approved degrees).	<input type="checkbox"/> 2 years (or more) of paid practice in the youth sector PLUS 400 hours of Supervised Practicum Placement, part of which was in a youth work setting	<input type="checkbox"/> Certified Practitioner
	<input type="checkbox"/> 4 years (or more) of paid practice in the youth sector, part of which was in a youth work setting	
	<input type="checkbox"/> 400 hours (or more) of Supervised Practicum Placement, part of which was in a youth work setting	<input type="checkbox"/> Graduate Practitioner
	<input type="checkbox"/> 2 years (or more) of paid practice in the youth sector, part of which was in a youth work setting	
	<input type="checkbox"/> Less experience than above	<input type="checkbox"/> Associate Member*
<input type="checkbox"/> DIPLOMA OF YOUTH WORK	<input type="checkbox"/> 2 years (or more) of paid practice in youth work	<input type="checkbox"/> Member
	<input type="checkbox"/> Less than 2 years experience	<input type="checkbox"/> Associate Member*
<input type="checkbox"/> CERT IV IN YOUTH WORK	<input type="checkbox"/> 4 years (or more) of paid practice in youth work	<input type="checkbox"/> Member
	<input type="checkbox"/> Less than 4 years experience	<input type="checkbox"/> Associate Member*
<input type="checkbox"/> UNQUALIFIED OR QUALIFICATION NOT LISTED	<input type="checkbox"/> 15 years (or more) paid practice in the youth sector	<input type="checkbox"/> Certified Practitioner (sunset clause)
	<input type="checkbox"/> Less than 15 years experience	<input type="checkbox"/> Friend of the Association*
<p>* These are not 'full' memberships of the association. If you believe that you have a combination of qualifications, training and experience that could be seen as 'equivalent' to full membership criteria, there may be other options. Please contact WAAYW for more information.</p>		

Note: All Copies of Documents (ID, WWCC, Police Clearance) must be Certified Copies or Viewed and Signed by a WAAYW Representative (go to www.waayw.org for more information). Once Forms have been completed please forward all documentation to: The Western Australian Association of Youth Workers, PO Box 4264, Alexander Heights, WA, 6064

Employment Information		
Total time in paid practice of more than 20hrs per week	Years:	Months:

Current/Most Recent Employment		
Position Title:		
Dates of Service (MM/YY to MM/YY):		
Employer:		
Employer Address:		
	Suburb:	Postcode:
Employer Ph:	Employer Fax:	
Employer Contact Person:		

Previous Employment (please list previous human services employers, not including the most recent)		
Dates of Service (MM/YY to MM/YY)	Position	Employer

Professional Referee Details (one referee must be a previous or current line manager)		
Name Referee 1:		
Position:	Relationship:	
Organisation:	Phone:	
Email:		
Name Referee 2:		
Position:	Relationship:	
Organisation:	Phone:	
Email:		
NOTE: Referees may be contacted to verify details provided in this application		

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I, _____

(name, address and occupation of person making declaration)

sincerely declare as follows:-

1. **All statements I have made and information that I have provided to the Western Australian Association of Youth Workers in my application for membership are true, complete and correct. This includes statements and information regarding:**
 - a. **My personal details**
 - b. **My current and past employment**
 - c. **Length of employment in the youth sector**
 - d. **My training history and Qualifications held**
2. **I am willing to provide evidence of this information at any time if requested by the Western Australian Association of Youth Workers.**
3. **I understand that should any of this information be found to be incorrect or false, my membership of the Western Australian Association of Youth Workers shall be liable to be cancelled**

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

at _____
(place)

on _____
(date)

in the presence of –

(signature of authorised witness)

(Name of authorised witness and qualification as such a witness)

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

by _____
(signature of person making the declaration)

***Important** This Declaration must be made before any of the following persons:-

Academic (post-secondary institution)	Local government councillor
Accountant	Loss adjuster
Architect	Marriage Celebrant
Australian Consular Officer	Member of Parliament
Australian Diplomatic Officer	Minister of religion
Bailiff	Nurse
Bank Manager	Optometrist
Chartered secretary	Patent Attorney
Chemist	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (magistrate, registrar or clerk)	Post Officer manager
Defence Force officer	Psychologist
Dentist	Public Notary,
Doctor	Public Servant (State or Commonwealth)
Electorate Officer (State – WA only)	Real Estate agent
Engineer	Settlement agent
Industrial organisation secretary	Sheriff or deputy Sheriff
Insurance broker	Surveyor
Justice of the Peace (any State)	Teacher
Lawyer	Tribunal officer
Local government CEO or deputy CEO	Veterinary surgeon

Or any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a Statutory Declaration may be made.

Full definitions of these professions are available at;

http://www.courts.dotag.wa.gov.au/_files/Professions_witness_statutory_declarations.pdf

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing Schedule 2, item 231 of the Commonwealth Statutory Declarations Regulations 1993}.

Further information on witnessing documents is available at www.dotag.wa.gov.au

IMPORTANT INFORMATION:

**AS OF 1 JANUARY 2006 THERE IS NO PROVISION FOR
COMMISSIONERS FOR DECLARATIONS IN THE STATE OF
WESTERN AUSTRALIA**