


2017 ASSOCIATE MEMBERSHIP

ELIGIBILITY

This form is relevant to applicants who:

- have completed an AQF Level 7 qualification (or an international equivalent) leading to the award of a Bachelor degree AND
- this qualification is from a professional field that would not meet the criteria for ESSA Full membership but may contribute to the field of exercise and sports science.

APPLY

- Save a copy of this application form and complete in full
- Print the form and attach all relevant documents 
- ESSA forms must be completed in English and all documentation supplied must be in English
- Refer to the checklist on the final page of this application form to ensure you have completed the application form in full
- Post to Exercise & Sports Science Australia (ESSA), Locked Bag 4102, Ascot QLD 4007, Australia



SECTION A- PERSONAL DETAILS

PERSONAL DETAILS

Title Full Name

DOB

Email
(this is required for your website login)

Are you of Aboriginal or Torres Strait Islander origin? Yes No

How did you find out about ESSA membership? ESSA Website Colleague Employer University Other

CONTACT INFORMATION

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

Are you working in the exercise and sports science field?

- YES Please complete the box below and page 3.
 NO Continue to 'Languages' at the bottom of page 3.

WORK ADDRESS AND EMPLOYMENT INFORMATION

Name of workplace

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

Current Employment _____

Previous Position/title _____

PRIVACY STATEMENT

Exercise & Sports Science Australia manages your personal information in line with the Australian Privacy Principles and the ESSA Privacy Policy. The Privacy Policy is available from the ESSA website www.essa.org.au. ESSA only uses and discloses your personal information for our primary functions, or a directly related purpose. Primary functions include: releasing accredited member business information via the Find an Accredited Professional search function on the ESSA website. Related purposes include: releasing accreditation information to organisations such as Medicare Australia, Department of Veterans' Affairs, private health insurers, workers compensations authorities, National Health Services

Directory; releasing industry information to relevant condition organisations e.g. Arthritis Australia, Heart Foundation, Diabetes Australia; and releasing accreditation information to relevant sports governing bodies e.g. Australian Sports Anti-Doping Authority (ASADA) and sports integrity unit(s). If you do not want ESSA to release your information, or have concerns about how ESSA uses your information, please contact us in writing at info@essa.org.au. You can view and correct your personal information from your ESSA My Account.

2017 ASSOCIATE MEMBERSHIP

Please indicate your primary, and if applicable your secondary, professional practice sector by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

| | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| Federal government organisation | <input type="checkbox"/> | Fitness club/institution | <input type="checkbox"/> | Sporting club/institution | <input type="checkbox"/> |
| State government organisation | <input type="checkbox"/> | Health care organisation | <input type="checkbox"/> | Workers compensation agency | <input type="checkbox"/> |
| Research/education institution | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Student | <input type="checkbox"/> |
| Sporting club/institution | <input type="checkbox"/> | Mining | <input type="checkbox"/> | On leave | <input type="checkbox"/> |
| Regional government organisation | <input type="checkbox"/> | Private company | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please indicate your primary, and if applicable your secondary, area of employment by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

| | | | | | |
|----------------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------------------|--------------------------|
| Administration/project officer | <input type="checkbox"/> | Community health/health promotion | <input type="checkbox"/> | Rehabilitation case management | <input type="checkbox"/> |
| Aged care | <input type="checkbox"/> | Education | <input type="checkbox"/> | Rehabilitation service provider | <input type="checkbox"/> |
| Chronic disease management | <input type="checkbox"/> | Fitness industry | <input type="checkbox"/> | Sports science testing | <input type="checkbox"/> |
| Chronic disease prevention | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Strength & conditioning | <input type="checkbox"/> |
| Clinical assessments & screening | <input type="checkbox"/> | Management | <input type="checkbox"/> | Workplace health or corporate health | <input type="checkbox"/> |
| Coaching & athlete development | <input type="checkbox"/> | Occupational health & assessment | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please indicate your primary, and if applicable your secondary, specialty by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

| | | | | | |
|---------------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|
| All rounder | <input type="checkbox"/> | Mental health | <input type="checkbox"/> | Primary prevention | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Metabolic | <input type="checkbox"/> | Sport enhancement | <input type="checkbox"/> |
| Cardiac | <input type="checkbox"/> | Musculoskeletal | <input type="checkbox"/> | Testing/screening | <input type="checkbox"/> |
| Disability services | <input type="checkbox"/> | Neurologic | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
| Ergonomics | <input type="checkbox"/> | Older adults | <input type="checkbox"/> | | |
| HEAL Facilitator | <input type="checkbox"/> | Paediatrics | <input type="checkbox"/> | | |

Please indicate languages you are fluent in by placing a tick in the boxes below:

| | | | | | |
|-----------|--------------------------|----------|--------------------------|------------------------------|--------------------------|
| English | <input type="checkbox"/> | French | <input type="checkbox"/> | Sign Language | <input type="checkbox"/> |
| Afrikaans | <input type="checkbox"/> | German | <input type="checkbox"/> | Spanish | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Tagalog | <input type="checkbox"/> |
| Cantonese | <input type="checkbox"/> | Japanese | <input type="checkbox"/> | Turkish | <input type="checkbox"/> |
| Croatian | <input type="checkbox"/> | Maltese | <input type="checkbox"/> | Other <i>Please specify:</i> | <input type="checkbox"/> |
| Dutch | <input type="checkbox"/> | Mandarin | <input type="checkbox"/> | | |
| Greek | <input type="checkbox"/> | Polish | <input type="checkbox"/> | | |

SECTION B- QUALIFICATIONS

| COURSE NAME | COURSE CODE | HIGHER EDUCATION PROVIDER | YEAR COMPLETED |
|-------------|-------------|---------------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

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ATTACH



ESSA accepts either;

- a) A letter from your higher education provider verifying successful course completion and eligibility to graduate. Your name, course name and code must be on the letter OR
- b) An official* AND certified copy* of your transcript verifying successful completion of all course requirements OR that the qualification has been awarded or conferred.

NOTE 1. You may need to order an official academic transcript from your higher education provider if you are applying to ESSA before graduation.

NOTE 2. *'Official' means a hard copy from your higher education provider i.e. not downloaded from the higher education provider's website. *'Certified copy' means a copy of the original document that is signed by a suitable notary (see examples of a Suitable Notary) as a true copy of the original.

NOTE 3. For transcripts not in English, attach an officially translated copy of your final academic transcript. Transcripts must be translated to English by a NAATI accredited translator (National Accreditation Authority for Translators and Interpreters Ltd).

SECTION C – FEE AND PAYMENT DETAILS

An annual membership fee of \$145.50 incl GST is payable upon approval of your application. You are notified of your approval by email. Please ensure you have sufficient funds available when you receive your approval email from ESSA.

C1.0 PAYMENT METHOD

ESSA accepts credit card and cheques/money orders

I am paying by credit card

Card type (Please select)

VISA

Mastercard

Cardholder's name _____ Expiry of card (Month/Year) ____/____

Card number

Signature: _____

Date:

.....
NOTE: If paying by credit card a 1.5% merchant fee applies.

If my application is approved I authorise Exercise & Sports Science Australia to charge my credit card for the membership fee of \$145.50 incl GST, plus the merchant fee.

Signature: _____

Date:

.....
I am paying by cheque/money order

*Please staple a cheque/money order for your membership fee of \$145.50 made payable to Exercise & Sports Science Australia to your application

ESSA membership and/or accreditation fees apply annually, per calendar year (January – December). Full annual fees are charged at the time of approval, with pro-rata fees then issued for the following year.

SECTION D- DECLARATIONS

D1.0 ESSA DECLARATIONS

By submitting this application I authorise and acknowledge the following:

A) I certify that the information supplied on and with this form is true and correct.

Applicant's signature _____ Date

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B) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I agree to abide by the Exercise & Sports Science Australia Code of Professional Conduct and Ethical Practice.

Applicant's signature _____ Date

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B1) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I confirm that I am a fit and proper person by acknowledging the following:

- I have not been charged with or have any prior convictions for a serious criminal offence, sexual assault, fraud, or other offence of dishonesty;
- I have not been and am not currently under investigation, the subject of complaint, disciplinary proceedings or adverse findings as to fitness to practice by any international regulatory body having jurisdiction over me or any industry in which I have been employed;
- I possess the necessary physical and mental health to deliver a service safely and competently to the public.

Applicant's signature _____ Date

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D2.0 STATUTORY DECLARATION

This statutory declaration covers all information provided to support this application, including additional information submitted for any additional assessments, it must be completed by the applicant and authorised and witnessed by a suitable notary e.g. Justice of the Peace, police officer, pharmacist, full-time teacher etc.

1. Insert the name, address and occupation of person making the declaration
i.e. Applicant details
- I,¹ _____ (name) of
_____ (address)
And of _____ (occupation)
- make the following declaration under the Statutory Declarations Act 1959:
2. Set out matter declared to in numbered paragraphs
- ² "The attached documentation accurately demonstrates the necessary requirements for this application with Exercise & Sports Science Australia.
- I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.
3. Signature of person making the declaration
i.e. Applicant signature
- ³ Signature _____
4. Place
- Declared at ⁴ _____ on ⁵ _____ of ⁶ _____
5. Day
6. Month and year
7. Signature of person before whom the declaration is made
i.e. Suitable notary signature
- ⁷ Signature _____
8. Full name, qualification and address of person before whom the declaration is made (in printed letters)
i.e. Suitable notary details
- ⁸ Name _____
Qualification _____

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

Please see the attachment [suitable notary for examples of people who can certify an academic transcript and witness a statutory declaration](#) [Click completed statutory declaration for an example.](#)

SECTION E- APPLICATION CHECKLIST (TICK WHEN COMPLETE)

1. COMPLETE SECTION A - PERSONAL DETAILS

2. COMPLETE SECTION B - QUALIFICATIONS *ATTACH CERTIFIED COPIES 

3. COMPLETE SECTION C - FEES AND PAYMENTS * STAPLE CHEQUES/MONEY ORDERS IF APPLICABLE 

4. COMPLETE SECTION D - DECLARATIONS

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Please note:

- Applications will not be assessed until a complete application and supporting documentation has been received by the ESSA National Office
- Applications are assessed in order of arrival and can take up to 10 working days per application from the date of receipt
- You will receive a confirmation email upon receipt of your application. If you have not received this within 10 working days of sending your application please contact ESSA on +61 7 3171 3335
- Application forms are not returned to you, please keep a copy for your records
- Do not send original academic transcripts as these will not be returned to you
- ESSA recommends sending your application by registered post and keeping a tracking number for your reference