



QASA Inc.
C/O Hubbard's School
PO. Box 1576
Milton, QLD, 4064

P | +61 (07) 3371 5999
F | +61 (07) 3371 5044
E | qasa@hubbards.qld.edu.au
W | www.qasa.org.au

President:

Janette Atchison

Secretary and Vice-President:

Peta Matthewman

Membership Secretary and Treasurer:

Cathy Pappalardo

ABN | 47 743 209 855

Membership Application for Professional QASA Membership

Membership of QASA is subject to the guidelines as outlined in the Career Industry Council of Australia (CICA) website. Please refer to the website for Professional Standards for Career Development Practitioners and a current list of Endorsed Courses.

<http://www.cica.org.au/practitioners/>

BEFORE COMPLETING THE APPLICATION FORM

1. Go to the CICA website for guidelines on becoming a recognised Career Development Practitioner.
 - Membership can be gained through one of the endorsed courses (as seen in the above link).
 - Membership may be granted to a member of CDAA or CICA (please provide evidence of your membership).
 - If you have the sufficient qualifications you may still apply for Associate QASA Membership.
2. Obtain certified copies of all relevant qualifications.
3. Complete all details on this form, attach all certified copies of qualifications and send to:

qasa@hubbards.qld.edu.au

or

QASA Inc.

PO Box 1576,

MILTON, QLD, 4064

4. Once membership has been approved by the QASA Executive, an invoice for the \$135 membership fee will be forwarded to the applicant.



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Professional QASA Membership Application

1 January 2020 – 31 December 2020

1. Name (in full) Title
2. Home Address Post Code
3. Current Position Held at
4. Address Post Code
5. Tel (W) Mobile
6. Email address
7. I consent to any images of me being used in any public QASA documentation and/or Website. Yes / No
8. Do you hold current membership of a CICA Member Association at Professional Career Development Practitioner status? (See list of Member Associations at www.cica.org.au/about-us/) Yes / No
If Yes, Name of Member Association:

[Please attach proof of membership]

9. Academic Qualifications (FULL TITLE PLEASE)

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.....
.....

[Please attach certified copies of all documents]

10. Experience in Career Development / Related Activities: < 2 years / 2 - 9 years / 10 – 14 years / > 15 years



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DECLARATION

- I agree to abide by the rules as stated in the QASA Constitution.
- I declare that I will do the required minimum of compulsory professional development each financial year.
Reminder: Evidence of completion is required.
- I agree to being audited on the compulsory professional development.

Signature: **Date:**

<u>PLEASE COMPLETE AND RETURN WITH ALL RELEVANT DOCUMENTS</u>	OFFICE USE ONLY
<p>Payment of the annual fee of \$135.00 is not required until membership has been approved.</p> <p>Membership entitles access to members' area of QASA website</p> <p>& Free attendance of all QASA meetings.</p> <p><i>Membership valid from 1 January 2020 – 31 December 2020 subject to payment of annual fee.</i></p>	<p>Approved / Not Approved</p> <p>QASA No:</p> <p>Receipt No:</p> <p>Receipt Date:</p> <p>Payment method:</p> <p>Membership Type:</p> <p>Website Access <input type="checkbox"/></p>