

APPLICATION FORM FOR LDA CONSULTANT MEMBERSHIP

All sections must be fully completed

TITLE SURNAME GIVEN NAME

CONTACT DETAILS

BUSINESS NAME (IF RELEVANT)

POSTAL ADDRESS

.....

HOME ADDRESS (if different from above)

.....

PHONE NUMBER/S

EMAIL ADDRESS

TEACHING DETAILS

LDA MEMBERSHIP NUMBER:..... (if already a member)

TEACHER REGISTRATION NUMBER..... Attach evidence

CURRENT POSITION Attach evidence

RELEVANT TEACHING EXPERIENCE

PLACE OF EMPLOYMENT	POSITION DETAILS	YEAR(S)	TIME FRACTION

RELEVANT QUALIFICATIONS

COURSE	INSTITUTION	STATE/COUNTRY	YEAR QUALIFIED

OWN PROFESSIONAL DEVELOPMENT WITHIN LAST 2-3 YEARS RELEVANT TO LEARNING DIFFICULTIES

TITLE OF PD	NAME OF PRESENTER/S	PROVIDED BY	DATE

3 REFEREES

EMAIL ADDRESS, PHONE NUMBER, POSITION AND RELEVANCE OF THIS REFEREE TO YOUR APPLICATION

1.....

2.....

3.....

INSURANCE (mandatory)

I wish to apply for LDA Group Insurance

I choose to be insured with another scheme and will provide payment evidence if my application is successful

CHECKLIST OF DOCUMENTATION INCLUDED IN THIS APPLICATION I have included:

Application form (This page) fully completed and signed

if you are a new LDA member, evidence of payment

Copy of teacher registration showing National Police History Check

Copy of transcripts of university post graduate LD qualification/s

Your case study of a student with learning difficulties you have worked with including the details of all assessments used, your analysis of the results, program planning and implementation, and follow up assessments

I hereby apply for Learning Difficulties Australia Consultant Membership

SIGNATURE DATE

Send Completed Application:

Refer to the LDA Consultancy Information Form for details

Office Use Only

Date of Application	Insurance <input type="checkbox"/> LDA scheme <input type="checkbox"/> Other
Date Approved	
Date Paid	
Payment Details	