

Health Professional Membership

APPLICATION FORM



To: Rural Health West
PO Box 433
NEDLANDS WA 6909

I apply for Health Professional Membership of Rural Health West.

Title _____ Full name _____

Profession _____

Address for correspondence _____

Suburb/city _____ State _____ Postcode _____

Telephone W _____ M _____

Email _____

All membership applications will be considered by the Membership and Governance Committee, which meets bi-monthly.

Please note: The qualifications and current registration details of all applications are checked on the AHPRA or relevant professional body database prior to being considered by the Membership and Governance Committee.

I agree to abide by the terms of the Rural Health West Constitution
www.ruralhealthwest.com.au/membership

I attach my curriculum vitae or work history summary and a short statement outlining why I wish to become a member of Rural Health West.

I attest that this information is true and correct, and has been completed by the person whose full name is written on this form.

Date _____

Continued overleaf

Personal statement in support of an application for Health Professional Membership

To be accepted, in accordance with Rule 15.3.1 of the Constitution, a Health Professional Member must meet the following criteria:

- (a) is a natural person;
- (b) is a health professional who satisfies the following:
 - (i) resides in a rural and remote area; and/or
 - (ii) currently practises in a rural and remote area; and/or
 - (iii) shows a demonstrable interest in rural health in a rural and remote area (as determined by the Board from time to time);
 - (iv) is registered with a health practitioner board under the Health Practitioner Regulation National Law (WA) 2010 (special dispensation for health professionals or other occupational groups who are not eligible to be registered with a health practitioner board as determined by the Board from time to time); and
 - (v) is able to demonstrate significant experience and achievement in their respective field (as determined by the Board from time to time);
- (c) applies to the Board for acceptance as a Health Professional Member under Rule 15.8;
- (d) is of good standing as determined by the Board;
- (e) is 18 years of age or older;
- (f) is approved by the Board to be a Member under Rule 15.10; and
- (g) has paid the membership fee as determined by the Board from time to time.

Name _____

Qualifications _____

Statement from applicant _____



Government of **Western Australia**
WA Country Health Service

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and WA Country Health Service.*

