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