



**CHIROPRACTORS' ASSOCIATION OF AUSTRALIA
(QUEENSLAND) LIMITED**
A.C.N. 050 399 436

433 LOGAN ROAD, STONES CORNER, QLD, 4120, AUSTRALIA
Email: admin@caaql.com.au

***MEMBERSHIP APPLICATION FORM
Standard***

All sections of this form must be completed

Please print all details

Office Use Only

Date of Receipt
Date of Exec Meeting
Date sent to National
Date letter sent to member
Signature

Section 1 – Personal Details			
(If name listed in this section is inconsistent with the names on any supporting documentation (e.g Registration Certificate or Professional Indemnity Insurance Certificate, please provide evidence of name change)			
Title Please ✓ appropriate box	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)		
Family Name / Surname			
Given Names			
Previous Names (If applicable)			
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Town/City of Birth		Country of Birth	
Postal Address			
<i>Note: All changes must be notified CAAQ within 21 days</i>		State	Postcode
Contact Telephone Numbers	Day	Mobile	After Hours
Fax number			
Email Address (essential for communiqués)			
If you are not a permanent resident, please give details of your application for permanent residence			

Section 2 – Category of Membership	
You MUST place a tick in the box next to the category of membership you are applying for.	
Fully practising member (1 st year to 3 rd year post graduation)	<input type="checkbox"/> 1 st Year practitioner <input type="checkbox"/> 2 nd Year practitioner <input type="checkbox"/> 3 rd Year practitioner
Fully practising member (4 th year on)	<input type="checkbox"/>
Member currently overseas	Please indicate country:
Member currently interstate	Please indicate State/Territory:
Part-time practitioner (12 hours per week or less)	<input type="checkbox"/>
Academic	If part-time practising, indicate number of hours practised per week:
Non practising member	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Are you transferring from another CAA branch? If yes, which branch?	<input type="checkbox"/> Yes Branch..... <input type="checkbox"/> No

Section 3 – Clinic Details

(If insufficient space set out on separate page)

(The clinics in this section will be used for membership directory listings. PLEASE LIST FULL ADDRESSES AND TELEPHONE NUMBERS)

Clinic Name	Full Address (including post code)	Phone	Fax	X-ray and/or DVA

Section 4 – Qualification/s on which application is based

Note: Earliest qualification first - if insufficient space, attach separate page

Title of Degree/Diploma/Certificate	University/College/Examining Body	Year & Month Conferred

Section 5 –Registration

Are you currently registered to practice in Australia? <i>If yes, list State/Territory</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently registered to practice in another Country? <i>If yes, list Country</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the above mentioned registration give you the legal authority to practise? (e.g. Do you hold an Annual Practising Certificate)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have any of your professional registrations or licenses or memberships ever been refused, revoked or suspended? <i>If yes, give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 6 – Fitness to Practice

In this section, the term “Criminal history” means - every conviction for an offence, in Queensland or elsewhere, and/or every charge made against the applicant for an offence in Queensland or elsewhere. (Please disregard parking and speeding fines etc).

Where any answer to questions 1 to 6 is ‘YES’ - you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, could adversely affect your ability to competently and safely practise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a criminal history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had or are you aware of any malpractice claims against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently under investigation by any authority in any Australian State or Territory (including Queensland) or in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been disciplined by a professional association of which you were a member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you had or are you aware of any malpractice claims against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you practise or engage in any activity other than those pertinent or directly related to your professional qualifications and or registrations described above other than on an honorary basis? If yes , provide details in the box below	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details for Q8 above.

Section 7 – Evidence of Professional Indemnity Insurance and Registration

If you hold more than 1 current registration please ensure you list them below. If insufficient space, please attach a separate piece of paper.

Note: If you are a student or not currently practising in Australia, you do not need to provide these details

Professional Indemnity Insurance	Company	Policy number
Registration	Registration Board	Registration Number



You must attach a copy of your Professional Indemnity Insurance **AND** current Annual Practising Certificate (the A5 size document you receive on a yearly basis from the Registration Board stating that you are registered from 1 July to 30 June or if you are a new registrant, it will state from your date of registration to 30 June)

Section 8 – Details of clinical experience (If insufficient space set out on separate page)

Practice Name / Employer	Address	Period of Practice

Section 9 – Chiropractic techniques used

Activator	IBD	Pettibon
Antenatal Care	NET	Pierce Stillwagon
Applied Kinesiology	Kjellberg	SOT
ART	Logan Specific Technique	Sports chiropractic
B.E.S.T.	Mackenzie	STO
CBP	Massage (see modalities)	TBM
Chiro Ecology	Myofascial Release	Toftness
Chirodontic with Dentist	Nasofacillary	Toggle-HIO (Hole In One)
Core Stability / Spinal Stabilisation	Network	Torque Release Technique
Cranial	Nimmo	Total Neural Integration
Diversified	NOT	Trigger Point Therapy
DNFT	N.U.C.C.A.	Upper Cervical
Gonstead	Paediatrics	Vector point
Grostick	Palmer Graduate	Visceral

Section 10 – Services provided

After hours service	EFTPOS	Speaks other languages
CE Certified	HICAPS	Workers compensation
DVA Provider	IBA Healthpoint	X-ray unit on premises

Section 11 – Treatment modalities used		
Acupuncture	Insight Subluxation Station	Ortho Bionomy
AK style muscle work	Interferential	Orthotics, Pillows
Allergy Testing / Treatment	Intersequential Traction-US	Osteopathy
Bowen Therapy	Iridology	Physiotherapies
Chinese Herbalist	Laser	PNF/PIR muscle stretching
Cross Fibre Friction	Massage – Vibratory	Psychology
Cryotherapy	- Deep Tissue	Reflex
Diet / Nutrition Advice	- G5 Massage	Rehabilitation – Muscle
EPT–ElectroPhysicalTherapy	- Remedial	Rehabilitation – Spinal
Ergonomics	- Shiatsu	Remedial Therapy
Exercise Programme	- Soft tissue	Sports Performance Advice
Health Strategist	- Trigger Point	Sports Injuries
Heat Treatment	Meridiam therapy	TPT
Hers / Vitamins / Minerals	Metrecom (computerized)	Ultrasound
Homeopathy	Microcurrent Therapy	Verti Traction
Hydro Therapy	Naturopathy	Wellness Care
Ice Packs	Nimmo	

Section 12 – Membership Proposer	
Membership proposed by Dr.....	(PLEASE PRINT)
Signature.....	DATE.....

Application Fee

CAA has implemented a \$100 application fee. This payment will be sent to CAA National once your application has been approved and CAA National will deduct the fee from your first membership invoice.

Please make your cheque payable to CAA National Ltd or provide your credit card details below.

Please ensure your applicant declaration on the following page is signed, dated and witnessed and that you have included your \$100 application fee.

Credit Card Number: _____ Expiry: ____ / ____

Credit Card Type: _____ Signature: _____

Section 13 – Applicant Declaration

I agree to abide by the Code of Ethics of Chiropractors’ Association of Australia Ltd and to observe all rules and regulations within the Constitution, Memorandum and Articles and By-Laws and any amendments that are made thereto.

I agree to uphold the principles of the Association and to assist in all ways to accomplish its objectives. I agree to pay all dues and levies constitutionally assessed according to the requirement of my membership status.

I hereby declare that all information given in this application and in the accompanying documents is true and I understand that any misrepresentation on my part whether wilful or unintentional, may cause me to forfeit my membership of this Association.

“I acknowledge that membership of the Association authorizes me to use the Association Logo and any other copyrighted Logos that the Association has from time to time, in the manner specified from time to time by the Executive. I agree that this authorization, which is for an indefinite period, is on the express understanding that it is revocable at will by the Association, in the sole and absolute discretion of the Association. I acknowledge that this authorization shall automatically terminate upon my ceasing for any reason to be a member of the Association. Upon revocation of the authorization I agree to immediately take all necessary steps to cease and desist from using the ‘Chiropractor Device’ and will forthwith return my membership certificate to the Secretary of the Association”.

I understand that I may resign from the Branch by giving not less than one calendar month’s notice of intention to do so in writing, and shall continue to be a member until the expiration of the period of such notice and shall be liable for all subscriptions and levies (Branch and National) due to the date of the expiry of such notice.

Printed Name of Applicant	
Signature of Applicant	
Printed Name of Witness	
Signature of Witness	
Date Application made	