

Pedorthic Association of Australia Certified Membership Application Form

WHEN COMPLETING THIS APPLICATION:

1. Please ensure all requirements of the attached checklist are completed for this application. This includes:
 - PAA Membership application fee to be paid at submission.
Please note that application fees are non-refundable and only cover the application process. Additional registration fees are payable upon successful application.
 - Details of work experience.
 - Copies of qualifications, professional memberships and training certificates
 - Complete employment and education history
 - Summary addressing key areas of competence for applicants (see Section 7 of this form)
 - Objective evidence to support nominated scope of registration (see Section 8 of this form)
 - This application
2. This form must be completed and if necessary additional information supporting the application should be enclosed.
3. Complete all sections of this form (1 to 9). Sections 3, 4, 5 and 6 may be omitted if all details are included in your employment and education history.
4. Certification Panels are provided when sufficient applications are received. There can be significant wait times between panels. An Individual Certification Panel can be provided for one person for a non-refundable application fee of \$990



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1 Personal Information

First Name: Last Name:

DOB: Mobile: Telephone:

Email:

Street:

Suburb: State: Postcode:

Country:

2 PAA Mandatory Declaration by Applicant

Mandatory Declarations are legally binding statements where individuals self-assess and confirm compliance with standards and codes. The declarations are a proactive measure to identify practitioners who may place the public at risk of harm. PAA's mandatory declarations relate to both certification requirements and membership requirements.

Mandatory Declarations: (please refer to the [PAA Mandatory Declarations Policy](#))

I hereby apply for registration as a PAA Certified Member and agree to the publication of my name, contact and registration details in the Register. I confirm that:

1. I know of no information that could cause the Pedorthic Association of Australia not to be satisfied that I am a suitable person to be a member of the Association
2. I have read and understood the [PAA Privacy Policy](#)
3. I declare that all information provided is true and accurate and agree to notify the Association of any changes in a reasonable period of time;
4. I have read and agree to abide by and uphold the [PAA Code of Ethics and Standards](#)
5. I have read and declare that I meet the [Recency of Practice requirements](#)
6. I have read and agree to abide by the [PAA Continuing Professional Development \(CPD\) annual requirement](#)
7. I am in professional good standing and have no existing restrictions to practice and/or no pending disciplinary actions domestically or internationally
8. I have not been convicted by any court in Australia, or elsewhere, of any offence punishable by imprisonment
9. I understand that at any time I may be subject to a random audit of the CPD and Recency of Practice program or any of these declarations.

Signature of Applicant: _____

Date:

Telephone
1300 734 644

Address
PO Box 349,
Dee Why, NSW 2099

Internet
www.pedorthics.org.au
info@pedorthics.org.au

A.B.N
84 854 582 883

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3 Education and Training Courses

Please enclose copies of certificates and any further information regarding these requirements, please refer to the Criteria for Certification in Pedorthics.

Year	Study Period	Award	Course/ Subjects	Educational Establishment

4 Certification Training Courses

Please enclose copies of certificates and any further information regarding these requirements, please refer to the Criteria for Certification in Pedorthics.

Date Completed	Course Length (Hours)	Organisation Conducting the Course	Examination Results

5 Details of Present Work Position

Name of Employer:

Title of your position: Date appointed:

Supervisor Name (if applicable):

Describe your responsibilities in detail:

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6 Work Experience

Please provide a detailed history of employment and education, which has been signed for verification by your application sponsor, should also be enclosed.

- Please start with your most recent position and work backwards
- Applicant should show relevant work experience – for further information check the Criteria for Certified in Pedorthics Section 3.3
- This experience log required a verification signature from your employer or the sponsor for this application. Only one person needs to verify all work experience.

From - To Month/Year	Employing Organisation Include name and contact details of supervisor/ manager	Position	Responsibilities

If additional space is required, please attach at the end of this application.

7 Summary of Key Competencies for Applicants

Please attach a summary detailing your current level of understanding and experience in each of the key areas of competence listed in section 3.4 of the [Criteria for Certification in Pedorthics](#).

8 Level of Registration

Certified Pedorthists are listed on the register according to their specialised skills and knowledge. Please indicate at which level you wish to be registered.

CRetPed Au

Certified Pedorthic Retailer is a retailer of pedorthic footwear and prefabricated orthotic appliances, including assessment, review and minor modification of existing footwear (modifications and repair on footwear that does not alter the principal function or construction of the footwear).

CPed CM Au

Certified Pedorthist Custom Maker is tertiary qualified (AQF 7 equivalent), works autonomously and practises within an evidence-based paradigm. The practitioner is involved in all clinical, technical, and service delivery aspects of pedorthics. They are actively engaged in the practice of assessing, treating, and providing evidence-based services for people with foot and lower limb conditions in addition to provision, fabrication, alteration, modification, repair, and dispensation of prefabricated and custom-made pedorthic footwear and/or orthotic appliances.

9 Application References

Each applicant must provide two referees of either their employer or by another person with whom they have a business relationship. There are special requirements for verifying work experience, thus referees should have the capacity to validate relevant information contained within the application.

Referee 1:

Full Name:

Position:

Relationship to applicant:

Organisation Name:

Street:

Suburb: State: Postcode:

Phone: Email:

Referee 2:

Full Name:

Position:

Relationship to applicant:

Organisation Name:

Street:

Suburb: State: Postcode:

Phone: Email: