



AASP

The Association of
Age Service Professionals

Become a member

Membership is for individuals who work in the aged care, retirement and disability industries as a consultant to consumers and who can demonstrate the following:

1. Currently employed by a registered company operating within aged care, retirement or disability industry.
2. Demonstrate integrity by being honest and fair and doing the right thing, delivering on promises.
3. Operate in an ethical manner which involves demonstrating respect for key moral principles that include honesty, fairness, equality, dignity, diversity and individual rights.
4. Operate in a professional manner with competency, skill, good judgment, and polite behaviour that is expected from a person who is trained to do a job well.
5. Provide evidence of a current (less than 3 years) police check.
6. Provide evidence of adequate insurance coverage relevant to your operation as a consultant e.g. professional indemnity or public liability.

Points 1-4 are demonstrated through the provision of 2 referees one of which must be a current member of the association and who can vouch the same.

Please read and complete each section.

1. Applicant

Name of Applicant:

Street Address:

State:

Postcode:

Postal Address:

State:

Postcode:

Phone:

Mobile:

Email:



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2. Employment

Name of Organisation currently employed:

Position/Title:

Role: (please give a brief description of your role eg, Placement Consultant, Financial Adviser, Home Care Broker, Physiotherapist etc. and how it relates to either aged care, retirement living or disability).

Number of years at this organisation;

If less than 1 year, please list your employment for the past 5 years below:

Previous organisation:

Role:

Years:

3. Referees

Name of Member Referee:

Organisation currently employed:

Phone:

Mobile:

Email:

Name of Additional Referee:

Organisation currently employed:

Phone:

Mobile:

Email:

4. Applicant's Signature

I declare the information I have provided in this application to be true and correct.

I hold a current Police Check.

I have adequate insurance coverage relevant to my occupation as follows:

Public Liability

Professional Indemnity

Other please state:

I understand that in the event of this application being accepted by Association of Age Service Professionals that I have the responsibility to promptly inform Association of Age Service Professionals of any changes to my details

I agree that in the event of this application being accepted by Association of Age Service Professionals that I to be bound by Association of Age Service Professionals model rules and code of ethical conduct.

Signature:

Date:

Full Name:

Title:

5. Submitting your application form

Once you have completed your application, email your form and any attachments to the membership team on the email membership@aasp.org.au

6. Member application approval process

1. An email of acknowledgement will be sent on receipt of your application
2. Your application will be given to the committee for consideration.
3. You will be notified via email of the outcome of your application.
4. If approved you will be sent an invoice.
5. Upon receipt of payment you will receive a membership pack.