



# The Association of Professional Aestheticians of Australia

ACN 001 511 280

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## Student Membership to the Association of Professional Aestheticians of Australia (APAA)

Please tick the box below to indicate your choice of student membership

<input type="checkbox"/> <b>APAA Sponsored College ASSOCIATE STUDENT MEMBER</b> Students must be studying for the Diploma of Beauty Therapy at a sponsored College of the APAA. <b>Students will receive:</b> APAA E-Newsletter. Invitations to attend seminars and conferences at discounted prices. Join us on Twitter and Face book  <b>MEMBERSHIP FEE – FREE</b>  Membership will remain current until graduation date of student.	<input type="checkbox"/> <b>APAA Sponsored College STUDENT MEMBER</b> Students must be studying for the Diploma of Beauty Therapy at a sponsored College of the APAA. <b>Students will receive:</b> APAA badge APAA Journal APAA E-Newsletter (4 issues per year) Invitations to attend seminars and conferences at discounted prices. Join us on Twitter and Face book  <b>MEMBERSHIP FEE of \$ 100</b> <small>Incl. GST (Fees may be subject to change without notice)</small>  Membership will remain current until graduation date of student.	<input type="checkbox"/> <b>Non APAA School ASSOCIATE STUDENT MEMBER</b> Students must be studying for the Diploma of Beauty Therapy at a state registered training organization. Training must be delivered in line with the requirements of the National Training Package for Beauty Therapy. Students must provide evidence of the credibility of the training they are pursuing. <b>Students will receive:</b> Same as APAA Sponsored College Student Member.  <b>MEMBERSHIP FEE of \$ 110</b> <small>Incl. GST (Fees may be subject to change without notice)</small>  Membership will remain current until graduation date of student.
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### APPLICATION DETAILS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

College Name: \_\_\_\_\_

College Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Expected Completion date of your course: \_\_\_\_\_

## Ethical Code of Practice: The Association of Professional Aestheticians of Australia

As a member of the APAA, I shall at all times abide by the following Code of Ethics:

1. I shall at all times conduct their professional activities in a manner, which reflects honour and integrity to my profession and will respect and maintain client confidentiality.
2. I shall not communicate false or misleading information, whether written or spoken when promoting my products or services. I will at all times work within the boundaries of my professional training, and comply with legal, government and health department regulatory requirements.
3. I shall refrain from knowingly being associated with any enterprise, which uses improper or illegal methods in obtaining business.
4. I shall not engage in slander or criticism, which would injure the professional reputation or practice of another professional member, or another colleague.
5. If I have evidence that another member has been guilty of unethical practices, it shall be my duty to inform the APAA Head Office in writing. The APAA will endeavour to maintain strict member confidentiality, wherever possible.
6. I shall accept the responsibility to continue my education and the acquisition of further skills for the benefit and correct service to the public and for the continued respect of my profession.
7. I shall participate in activities to help improve the body of knowledge of the profession by exchanging information, experiences and case histories with fellow members, for the benefit of others and my profession.
8. I shall refrain from using my relationship with the APAA in such a manner as to state or imply official accreditation or approval beyond the scope of membership and its aims, rules and policies. I will limit the use of the Association's distinguishing letters, i.e.; APAA, FMAPAA, AMAPAA, other than to Association activities or the statement of name and business address on a card, letterhead, advertising or published article.
9. I shall ensure that anyone employed by me shall strictly adhere to the same Code of Ethics, as long as she/he is employed by me.
10. If as a member should I transgress any of the rules of the Association and/or this Code of Ethics; I shall voluntarily surrender and return my membership certificate.
11. A member shall display a copy of this Code of Ethics in my consultation rooms where it is clearly visible to all clients. A member shall co-operate with fellow members in upholding and enforcing the Code.

I \_\_\_\_\_ acknowledge that I have read and understood the ethical code of practice for the APAA and will abide by this code of practice. I also acknowledge that the APAA may contact me via any listed methods of communication including electronic methods (email) to advise me of any general notice of its meetings and/or of its Annual AGM held annually.

I understand that after obtaining a beauty therapy diploma, I will be eligible to apply for either Full Grade One membership or Associate Grade Two membership with the APAA. After graduation, if I wish to obtain Full Grade One membership or Associate Grade Two membership, I will provide the APAA with copies of my qualifications and the necessary membership fees to enable my student membership to be upgraded.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT DETAILS** – *please post application with payment & copies of qualifications*

Cheque Enclosed: Please make payable to **APAA** Amount: \$ \_\_\_\_\_

Credit Card Type:  Visa  Mastercard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please contact APAA National Office for Direct Deposit details