

Name	Qty	Price per item Members (incl. GST)	Price per item Non-members (incl. GST)	Cost
<b>Association Core Documents*</b>				
Code of Ethics		Free	Free	
Scope of Practice		Free	\$33.00	
Guide to Establishing a Private Practice		\$11.00	\$33.00	
Parameters of Practice		\$11.00	\$33.00	
Principles of Practice		\$11.00	\$33.00	
Privacy for Private Practitioners		\$11.00	\$33.00	
<b>Position Papers*</b>				
Working with Aboriginal People in Rural and Remote NT – A Resource Guide for Speech Pathologists	(electronic version only)	Free	\$33.00	
A Guide to Data Collection in the Health Care Setting		\$16.50	\$49.50	
Augmentative and Alternative Communication		\$16.50	\$49.50	
Dysphagia: General		\$16.50	\$49.50	
Dysphagia: Modified Barium Swallow		\$16.50	\$49.50	
Speech Pathology in Child & Adolescent Mental Health Services		\$16.50	\$49.50	
Speech Pathology Services in Schools		\$16.50	\$49.50	
Working in a Multilingual & Culturally Diverse Society		\$16.50	\$49.50	
Tracheostomy Management		\$16.50	\$49.50	
Fibreoptic Endoscopic Evaluation of Swallowing (FEES) An advanced Practice for Speech Pathologists		\$16.50	\$49.50	
<b>Position Statements*</b>				
Credentialing		\$11.00	\$33.00	
The Role and Responsibility of Speech Pathologists in Assessing, Diagnosing and Treating Clients with Autism Spectrum Disorder		\$11.00	\$33.00	
Clinical Education – The importance and value for the speech pathology profession		\$11.00	\$33.00	
Dual Entry to the Speech Pathology Profession		\$11.00	\$33.00	
Baby Sign		\$11.00	\$33.00	
The Role and Value of Professional Support		\$11.00	\$33.00	
Neuromuscular Electrical Stimulation (NMES)		\$11.00	\$33.00	
			<b>TOTAL</b>	\$

*\* Electronic copies of Core Documents and Position Papers are available (free of charge) on the website in the members only section*

**Please ensure payment or an official purchase order is enclosed**

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State / Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Method of payment:  Cheque  Visa  Mastercard  
*(Please make cheques payable to Speech Pathology Australia)*

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Expiry date: \_\_\_\_/\_\_\_\_

Card Holder's name: \_\_\_\_\_

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