



2010 Parental Leave Benefit Application

Note: This form must be received by 26 February 2010

The Association is pleased to offer eligible members a special member benefit following the birth or adoption of children. Criteria for this member only benefit are listed below. For members who are granted this special benefit, the Association offers two years membership for the price of one year. That is, if you paid the **full** membership fee in 2009 (i.e. not the fee from 1 September 2009), this will cover your Association membership for 2010.

This form must be completed, signed and returned with your membership renewal and PSR Declaration form if appropriate.

Personal Details (PLEASE USE BLOCK LETTERS)

Name	Member Number
Contact Phone: _____ Email: _____	
Member category <input type="checkbox"/> Practising <input type="checkbox"/> Full-time Postgraduate Student <input type="checkbox"/> Non Practising	
Evidence of name change Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Declaration for Parental Leave Benefit Application

I hereby declare that I am eligible for the Association's member only Parental Leave Benefit, on the birth or adoption of my child/children, on the basis of meeting all the following criteria:

Please tick

- I was the primary carer of the child/children.
- I was on **unpaid leave from all** positions for a period of 6 months or more during the previous year (may also include period up to 26 February 2010).
- I can supply supporting documentation if requested.

I declare that:

- All the information I have given in this declaration is true and correct.
- I have the necessary forms and documentation to support this declaration, and will supply supporting documentation if requested.

Signature: Date:/...../.....

Speech Pathology Australia Office Use Only Approved: Yes No

Comments

Signature: Date:/...../.....