



2012 Parental Leave Benefit Application

Note: This form must be received by 29 February 2012

The Association is pleased to offer eligible ***practising*** members a special member benefit following the birth or adoption of children. Criteria for this member only benefit are listed below. For ***practising*** members who are granted this special benefit, the Association offers two years membership for the price of one year. That is, if you had **full continuous financial membership for the immediate last 5 years (from 2007)**; this will cover your Association membership for 2012. (Continuous membership does not include the reduced fee from 1 September that SPA offers, but does include previously granted parental leave during this period).

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	
Date of child's birth or adoption Date:/...../..... <input type="checkbox"/> Evidence (Birth or Adoption certificate) attached	

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.

- Continuous full financial membership for the immediate last 5 years – from 2007.
Previous SPA approved parental leave will count as long as not granted in 2011 as members cannot have consecutive years of 'parental leave' granted

- I was on **unpaid leave from all** speech pathology positions for a period of 6 months or more during the previous year (may also include period up to 29 February 2012).

- 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:/...../.....