



## MEMBERSHIP FORM

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>EMAIL:</b>	
<b>PHONE/MOBILE:</b>	
<b>DATE OF BIRTH</b>	

<b>OCCUPATION/ BUSINESS NAME</b>	
<b>WEBSITE</b>	
<b>COURSE(S) / QUALIFICATION(S)</b>	

### INVESTMENT

- Joining Fee \$25 – Payable only once for the lifetime of membership
- Practitioner Membership \$110 (must enclose copy of approved qualifications)
- Associate Membership \$69
- Student Membership \$69 (must enclose letter or email confirming enrollment in course)
- Schools Membership \$199 (For those who want their courses accredited)

via  Credit Card (Authorization form attached)

Cheque (made payable to “Equine Therapies Association of Australia Inc”)

Direct Deposit: Commonwealth Bank. BSB – 066178 Acct – 103 183 44

Please use membership number or surname as reference.

Please send completed application form (including signed Code of Practice over page), a photocopy of certification of your qualification or enrolment, or if renewing, proof of continuing professional development and proof of payment to:

The Treasurer  
 PO BOX 4102  
 Mosman Pk WA 6012



## CODE OF CONDUCT

### Duty of care

- 1.1 Under no circumstances shall a therapists diagnose an equine. This will be left to the discretion of a vet.
- 1.2 Under no circumstances shall a therapists knowingly undertake any action or treatment that would adversely affect the health of the equine.
- 1.3 The therapist shall always maintain the highest standards of professional conduct and duty of care to the equine.
- 1.4 The primary duty of the therapist is to assist the equine in achieving optimum health, within the circumstances of their condition
- 1.5 Therapists must never claim to “cure” any equine condition.
- 1.6 Therapists will behave with courtesy and respect towards the owner of the equine they are treating, even if a situation arises with which they disagree.
- 1.7 Therapists shall ensure they are physically, mentally and medically fit to treat equines.
- 1.8 Therapists should never work in situations where they feel their own safety or that of their client is compromised.

### Confidentiality

- 2.1 In this new age of social media, any information on clients discussed in the Private group of the ETAA will be completely confidential.
- 2.2 A therapist may not disclose information obtained in confidence from or about any equine in their care unless consent has been given.
- 2.3 Client records are to be kept confidential at all times
- 2.4 Under no circumstance will you disclose negative information about other therapists to the public unless agreed upon by the therapist in question or the committee.

### Professional Conduct

- 3.1 Therapists will not knowingly breach any guidelines laid down in the constitution.
- 3.2 Therapists will not use professional connections or affiliations in an unsuitable manner.
- 3.3 Therapists will not treat any equines whilst under the influence of alcohol or drugs or whilst ill.
- 3.4 Therapists will not smoke or behave inappropriately whilst attending to clients.
- 3.5 Therapists will wear appropriate clothing and footwear whilst treating clients. This does not include revealing clothing, skirts, dresses, or uncovered shoes.
- 3.6 A therapists shall not use any unsafe or improper practice, or use equipment or modalities in which they are not trained.
- 3.7 Therapists shall always behave in a professional manner and do everything in their power not to bring the association into disrepute.
- 3.8 Therapists who are still students should not take remuneration for services rendered, and should make it publicly aware that they are still students so as to avoid confusion.
- 3.9 A therapists shall at all times show due respect and co-operate with therapists of other disciplines. Slander will not be tolerated.
- 3.10 Therapists shall at no time take part in or promote any activity, verbal or otherwise, which will reflect negatively on ETAA.

I the undersigned agree to abide by this Code of Practice:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Credit Card Authorization:**

This form authorizes Equestricare (on behalf of the ETAA) to charge to your credit card account the amount of your membership.  
Please complete the information requested below and return this form.

**I agree to the conditions stated in the above paragraph.**

Credit Card Type            VISA     MASTERCARD   

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date : \_\_ / \_\_

CRV: \_\_\_\_\_

Amount: \$\_\_\_\_\_

Signature: \_\_\_\_\_

Or tick box to authorise.

\_\_\_\_\_

Please note there is a 2% surcharge on all credit card transactions.