



Membership Renewal Form

This form must be completed on an annual basis in order for your RETA membership to be renewed. Failure to do so or submission of an incomplete form will result in termination¹ of membership when it reaches the stated expiry date (as in your membership card). Renewal for a new year will have to be made by 30th November (e.g. renewal for 2017 has to be submitted by 30th November 2016). Applicants will be informed of the status of renewal between 1 - 2 months from the date the application is received. Members are encouraged to send in renewal application early to avoid missing the deadline or have their membership status terminated.

PERSONAL PARTICULARS			
Name:		Membership Number:	
NRIC:		Contact Number:	
Postal / Home Address:		Email Address:	
UPDATE ON EMPLOYMENT			
Present Occupation	Employer/ Organization	Name & Address of Business	Length of employment
Former Occupation	Employer/ Organization	Name & Address of Business	Length of employment
Area of Expertise		Number of Years Teaching/Tutoring in Dyslexia and/or SpLDs	
STATEMENT OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD)			

As a member of RETA, you have promised to be dedicated to continuing professional development (CPD). This is a requirement that demonstrates your efforts to keep your teaching profession and knowledge current and applicable. The CPD process should be self-motivated, and focus on the learning experience, reflective practice, and consistent reviews. Stipulated CPD hours must be demonstrated in order to renew, maintain, and if applicable, to upgrade your membership status.

The role of RETA is to maintain professional standards and ensure that her members fulfil their roles as Educational Therapists to the best of their ability. CPD should also be documented to prove that the individual did not undertake the learning just to fulfil employee requirements and/or accumulate training hours.

Please fill in all CPD information in the following page. Details should show your development as a professional, and is a record of what you have experienced, learned and intend to/have applied to your work as an Educational Therapist.



¹**Termination:**

- (i) *Temporary* - member details are removed from website until renewal documentation is received and processed
- (ii) *Permanent*- member details are removed from website. If renewal documentation is not received within 6 months, i.e. over two processing periods, membership is terminated permanently. Individual must go through the initial membership application process if he/she wants to become a RETA member again

Statement of Continuing Professional Development

Name of formal/informal teaching (e.g. course name)	Date attained & number of hours	Documented evidence (e.g. certificate)	How has this teaching transformed your skills and practice?

FOR OFFICIAL USE ONLY

Current Membership Level:

Renewal Application Approved (Yes/No):

Reason for non-approval:

Level of Membership (Check the relevant with 'X'):

Affiliate Member Associate Member Associate Member Plus Member Associate Fellow Fellow

Membership number:

Annual fee to be paid:

Approval period:

Approval date:

Registrar's Name: **Angela Fawcett**

Registrar's Signature:

(insert digital signature)