

MEMBERSHIP DETAILS

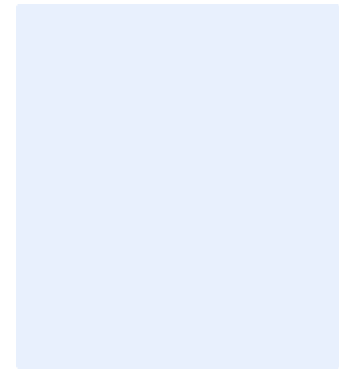
Member Level	Post Nominal Designation	Fees for a 3 year period	Qualification	Minimum Requirement	Recognition
Affiliate Member	None (Advocate)	\$130	Has attended a minimum 12-hour course which explored the nature, characteristics and the basic intervention strategies for learners with Specific Learning Differences (SpLD). E.g. - Certificate in Dyslexia Studies	---	An individual who is interested in the work of educational therapists
Associate Member	None (Advocate)	\$180	Has attended a minimum 20-hour course which has equipped the candidate with theoretical knowledge and practical skills required to provide literacy support to SpLD learners. E.g. – Cert. in Dyslexia & the Essential Literacy Approach	Practical specialist training Achievement of 10 CPD hours per year	An individual who supports the work of educational therapists and is committed to Continuing Professional Development (CPD)
Associate Member Plus	AMPRETA (Practitioner)	\$230	Is a graduate and has attended a minimum 40-hour course, which has equipped the candidate with theoretical knowledge <u>and</u> practical skills (supported by evidence that a min. of 10 practicum hours has been logged) required to provide literacy support to SpLD learners. E.g. – Cert. in Dyslexia & Literacy Teaching	6m - 1:11yrs of relevant experience Achievement of 10 CPD hours per year	A novice educational therapist who is qualified to conduct remediation under supervision
Member	MRETA (Practitioner)	\$280	Is a graduate and at least holds a diploma in a relevant field, which clearly demonstrates the requirements of the Associate Member Plus level. E.g.- PGCert in SEN or Specialist Diploma in SpLD	2 years relevant experience Achievement of 10 CPD hours per year	An experienced educational therapist with further qualifications
Associate Fellow	AFRETA (Practitioner)	\$330	A PGDip holder, who is qualified in an area relevant to educational therapy such as education, psychology, speech and language, literacy, etc. E.g. – PGDip in SEN	4 years relevant experience Achievement of 20 CPD hours per year	A senior educational therapist who is qualified to conduct specialist training courses
Fellow	FRETA (Practitioner)	\$380	Holds at least a Masters Degree in a relevant area and has made significant contribution to the advancement of the profession in research, training or other activities. E.g. - Master of Arts in SEN	8 years relevant experience Achievement of 20 CPD hours per year	A senior educational therapist who has made significant contribution to the profession and who can supervise training

Register of Educational Therapists (ASIA)

APPLICATION FORM



An initiative by



← Copy &
Paste
Passport
Size Photo

PART 1 PERSONAL PARTICULARS

FULL Name (As in NRIC/PASSPORT, underline Surname)

Postal / Home Address:

Contact Numbers:

Home :

Office :

HP :

E-mail Address

Preferred Name and Title to appear on Register & Membership Card

Gender

Date of Birth

Place of Birth

Nationality

PART II EDUCATIONAL/PROFESSIONAL QUALIFICATIONS

Please list qualifications in chronological order starting with the latest achieved, and attach certificates

i) **Local application** - please visit the Rex House in person to certify true copies of certificates

ii) **Overseas application** - please provide photocopies of certificates and verification from institutions

<i>Year</i>	<i>Qualifications Obtained</i>	<i>Institute/University</i>

If you are presently attending any course(s), please give details of Course / Institution

PART III EMPLOYMENT

Present Occupation	Employer/ Organization	Name & Address of Business	Length of employment
Former 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	

PART IV TWO REFEREES

(Please attach copies of testimonials from referees listed)

Name	Relationship	Contact Number	E-mail address

PART V PRIVATE CONSULTATION (Not Applicable to DAS Staff)

If you are available for private consultation, please indicate your preferred mode of contact, so that members of the public can contact you. Please also indicate your preferred zones within Singapore (e.g. East, Central, West, etc). Please ensure before filling out this section that making yourself available for Private Consultation is not in conflict with your Ministry of Education (MOE) employment contract.

Preferred Mode of Contact	Preferred zones within Singapore
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DECLARATION

Please complete the following to the best of your knowledge. We thank you for your kind co-operation.
(Indicate '✓' where appropriate)

Have you ever been convicted of a criminal offense, felony or misdemeanor? (If yes, please state nature of offense. Note: An affirmative answer will not necessarily result in disqualification) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of any offence involving sexual, child, physical or drug abuse, or fraud of dishonesty? (If yes, please state nature of offense. Note: An affirmative answer will not necessarily result in disqualification) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed, discharged, terminated or suspended from employment? (If yes, please state under what grounds) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever had, or are you suffering from any mental illness?

(if yes, please state the condition) _____

Yes

No

IMPORTANT NOTES :

The following checklist provides a guide to the completion of the application. Please check off (✓) the following items as completed.

The information that I have provided in this form is complete, genuine and accurate

I understand that provision of false particulars or suppression of material facts will disqualify me from joining the Register

I have attached/paid the application processing fee of \$20 (*waived for DAS Staff*)

Payment mode: Paypal Bank Transfer (*details will be emailed*)

My certificates have been certified true copy and/or I have attached verification of my qualifications from awarding institutions

I have attached photocopies of my NRIC or passport

I have attached two testimonials from my referees

Date of submission:

Signature:

(insert signature)



FOR OFFICIAL USE ONLY

Application Approved (Yes/No)

Reason for non-approval:

Level of Membership (Check the relevant with '✓')

Affiliate Member Associate Member Associate Member Plus Member

Associate Fellow Fellow

Membership number:

3 year fee to be paid:

Approval period:

Approval date:

Registrar's Name: **Angela Fawcett**

Registrar's Signature:

(insert signature)