APPLICATION TO BE REGISTERED AS A ROAD SAFETY PROFESSIONAL

Applicants must be current members of the College

Full Name					
Postal Address					
Phone					
Fax					
Email address					
Academic qualifications	(Provide documentary evidence of qualifications)				
Current work position					
Name of employer					
Work experience relevant to road safety	(Please include details of any specific tasks as listed in the 'Minimum Standards' table, attaching a separate sheet if necessary)				
Your publications and/or presentations on road safety	(Attach a separate sheet if necessary)				
Other essential minimum standards	(Address any other essential minimum standards referred to in the table for your field, attaching a separate sheet if necessary)				
Referee No.1 contact details	Name:		Email: Ph:		
Referee No.2 contact details	Name:	Email:			
My application to become a Regi (Note: Applications will be accep				circle as appro	opriate):
Administration/Policy	Audit Driver Edu		cation		Enforcement
Engineering	Medicine	-	nal Health ar	-	Psychology
Research/Evaluation	Road Crash Red	construction	Roa	d Safety Edi	ucation
Signed Dated					
Please post this form to The Reg a payment of \$270 (inclusive of Please note that 50% of the appl	GST). A tax invoice/re	eceipt will be is:	sued.	198, MAWSO	N ACT 2607 together with
Accepted methods of payment:					
MASTERCARD VISA	CHEQUE EFT to Nationa				of Road Safety'. Acct: 64-102-5353
Card Holder's Number:					
				Expiry Date	/
Cardholder's Name:Signature:					