

# SOUTH PACIFIC EDUCATORS IN VISION IMPAIRMENT

# MEMBERSHIP APPLICATION/RENEWAL FORM

**Membership is current for 2 years from date of acceptance**

When completing this form, please select the option of your choice by placing an ‘X’ between the square brackets.

### Membership details

[ ] New Membership

[ ] Membership Renewal

### Personal details

Title: …

First Name: …

Surname: …

Street address and suburb: …

State/Territory and Postcode: …

Country: …

Organisation / Facility: …

Preferred Phone (work, home, and/or mobile): …

Preferred email (work and/or home): …

### SPEVI Journal (published annually)

Please select your preferred format:

[ ] Print

[ ] Electronic

### SPEVI Email List options

#### SPEVI List: For members who wish to share information, resources and general news

Note: Your email address will be automatically added to the SPEVI List, unless you indicate otherwise by placing an X here:

[ ] No thanks, I do not wish my email address to be added to the SPEVI List

#### ICEVI-SPEVI List: For members who are interested in Pacific and international activities in the fields of disability and vision impairment.

Please indicate below if you wish to be added to the ICEVI-SPEVI List

[ ] Yes [ ] No

### Two-Year Individual Membership Categories (please select your preference)

#### [ ] Full Membership: $110 AU or NZ; Pacific Islanders $22 AU or local currency

Full membership entitles members to discounted registration at SPEVI’s biennial conferences, a single vote at meetings, and a copy of SPEVI’s annual journal.

Please select from the following two options:

[ ] Educator or professional with an interest in education of persons with vision impairment

[ ] Qualified Specialist Teacher (Vision Impairment) - Please provide evidence of tertiary qualifications in vision impairment (e.g. copy of certificate, transcript).

#### [  ] Full Membership: Qualified Specialist Teacher (VI) plus Professional Learning: $150 AU

This category is open to specialist teachers with tertiary qualifications in education of persons with vision impairment, who complete a mandatory **minimum requirement of 15 hours of professional learning in vision impairment every two years**. Professional learning may include face-to-face or online lectures, workshops and courses, and engagement in accredited professional learning events.

**Notes:**

Please provide evidence of tertiary qualifications in vision impairment (e.g. copy of certificate, transcript).

Members will be sent a *SPEVI Record of Professional Learning in Vision Impairment, Application for Currency* to complete and return for the previous two years of professional learning (in VI). Once completed and returned, members will receive a SPEVI Professional Learning Certificate. (This certificate is required by the Department of Social Services if applying as a sole provider of Better Start or NDIS services.)

#### [ ] Associate Membership: $50 AU or NZ; Pacific Islanders $5 AU or local currency

This category is open to full time students, parents of individuals with vision impairment, school volunteers and school ancillary staff. Associate membership entitles members to discounted registration at SPEVI’s biennial conferences and a copy of SPEVI’s annual journal. Associate members are not entitled to vote at meetings.

#### [ ] Honorary Life Membership \*Note: Only complete if your details have altered

Honorary life membership may be offered by the Committee of Management in recognition of a member’s outstanding contribution to the field of education of individuals with vision impairment.

### Payment Options

Payment may be made by one of the following three methods:

**[  ]** **By Electronic Funds Transfer (EFT)** – paid directly to the SPEVI Inc. bank account.

Please attach a copy of receipt.

**Bank details:**

ANZ Bank Ltd (Cnr York & Market Sts, Sydney 2000 NSW),

Account Name: SPEVI Inc., BSB: 012172, Account Number: 220138757

**[  ] By cheque** - payable to SPEVI Inc. (postal details below)

**[  ] By cash** – paid at SPEVI Biennial Conference or to member of the Committee of Management

OFFICE USE only:

Date received: Receipt Number: SPEVI Membership No.

### Please complete and return pages 1 and 2 of this membership application/ renewal form to one of the following people:

1. **For Australian & Pacific Memberships:**

Shane Doepel

SPEVI Membership Secretary

Goonellabah Public School  
 Ballina Road Goonellabah, 2480

Email: [shane.doepel@det.nsw.edu.au](mailto:shane.doepel@det.nsw.edu.au)

1. **For New Zealand Memberships**

Jude Shelley

Treasurer SPEVI NZ

C/- Blind and Low Vision Education Network NZ

Private Bag 801, Manukau 2243, New Zealand

Fax: (09) 267 4496 or Email: [jude.shelley@blennz.school.nz](mailto:jude.shelley@blennz.school.nz)

## SPEVI

SPEVI is the major professional association for educators of students with vision impairments in Australia, New Zealand and the South Pacific region. SPEVI acts as the professional body in matters pertaining to the education and support of persons who are blind, have low vision, deaf-blindness, or additional disabilities. SPEVI membership is open to educators, professionals and parent groups who support and promote education for persons with vision impairment. SPEVI acts as the professional body in matters pertaining to the education and support of persons who are blind, have low vision, deaf-blindness, or additional disabilities.

***SPEVI’s Vision*** is to promote educational systems in Australia, New Zealand and Pacific Island Countries in which diversity is valued and disability is not viewed as a characteristic by which to judge a person’s worth. ***SPEVI’s Mission*** is to stimulate professional and public debate and action on vision impairment issues and change which affect, or have the potential to affect the daily lives of persons who are blind and vision impaired, while emphasising concepts of inclusive, responsive educational communities and interdependence between learners and families within those communities where all people are valued.

SPEVI Inc is an Association incorporated under the laws of NSW, Australia – Registration number INC9889733.

## SPEVI PRIVACY POLICY

Your privacy is important to us. SPEVI is committed to upholding the spirit of the New Zealand Privacy Act (1993), the Australian Privacy Act (1988), and Australian Privacy Principles (2012).

### Collecting and keeping your information safe

SPEVI collects and stores the information that you provide on the SPEVI Membership Form for the following specific purposes:

* To comply with the Australian and New Zealand Privacy Acts and Privacy Principles. These laws regulate the handling of personal information about individuals, including the collection, use, storage and disclosure of personal information, and access to and correction of that information.
* To enable SPEVI to maintain effective business and accounting standards.

SPEVI does not supply information about members to marketing organisations or third parties without your consent, unless required by law.

### How SPEVI uses your personal information

* To facilitate communication between the SPEVI Committee of Management, SPEVI State/Territory Councillors, and SPEVI members,
* To manage distribution of the SPEVI journal and other information to members,
* To inform members about the activities of the Association, and
* To provide information to government and regulatory authorities, as required or authorised by law.

### How can you access your personal information?

* SPEVI members have the right to access their personal information, free of charge, subject to some exceptions allowed by the law.
* For privacy and security reasons, requests for information must be submitted in writing to the SPEVI Membership Secretary (contact details below). Written requests must include the member’s name and current address.

### Help us ensure we hold accurate information

SPEVI takes all reasonable precautions to ensure that the personal information we collect is accurate, complete and up-to-date. However, the accuracy of information depends to a large extent on the information you provide. For this reason, **please inform the Membership Secretary of** **any changes or errors in your personal information, such as your name, postal address and email address.**