



SAFETY INSTITUTE OF AUSTRALIA LTD

Individual Membership Application Form

CODE OF ETHICS

This Code specifies standards of ethical conduct for professional members of the SIA. It places obligations on them to practice and work in an objective manner; follow recognised OHS principles as specified in the relevant federal or state/territory legislation; and realise the lives, health and welfare of individuals may be dependent upon their judgement.

It may be referred to by the SIA when dealing with complaints about work or conduct of professional members.

Nothing in the Code will require professional members of the SIA to contravene any obligations under any relevant occupational health and safety legislation or other relevant legislation, regulations and codes.

Professional members will act in accordance with the following requirements:

1.1 Responsibility

Act and work responsibly and competently at all times to improve health and safety in workplaces and ensure they do no harm.

Give priority to the health, safety and welfare of employees, employers and other workplace health and safety stakeholders in accordance with accepted standards of moral and legal behaviour during the performance of their duties.

Ensure the health, safety and welfare of employees, employers and other workplace health and safety stakeholders takes precedence over the professional member's responsibility to sectional or private interests.

Ensure work by people under their direction is competently performed and honestly and reliably reported.

Ensure they do not engage in any illegal or improper practices.

1.2 Integrity, honesty, objectivity, impartiality

Perform their work and duties with integrity, honesty and equity while adhering to legal principles.

Provide advice, express opinions or make statements in an honest, objective, impartial and efficient way and consider the reasonably foreseeable consequences of that advice.

1.3 Areas of competence

Perform work only in their areas of competence and within the limits of their abilities.

Make public statements claiming professional knowledge in an area of public interest only if competent to do so, and only if such statements are consistent with other parts of the Code and Service Standards.

1.4 Conflict of interest

Avoid real or apparent conflicts of interest. Disclose promptly and effectively all significant financial and other relevant interests with potential for providing conflict of interest or influencing the impartiality of any reports, advice or decisions.

1.5 Confidentiality

Respect the confidentiality of the information obtained in the course of their work and only reveal such information to others with the consent of the person(s) or organisation(s) or their legal representative(s).

1.6 Disclosure and whistleblowing

A professional member of the SIA may become aware of an organisation breaching OHS legislation or standards resulting in a risk of injury or disease. How the professional member responds to this situation will be determined by the nature of the relationship (if any) the professional member has with the organisation.

Initially, the professional member should discuss the problem with management at the highest level and point out the problem, potential consequences, and professional member's ethical (and perhaps legal) responsibilities.

If there is no action on the part of the organisation and the only way of reducing the risk is to disclose their knowledge of the risk to a third party, the professional member should do so. Before doing so, the professional member should seek advice from senior colleagues, the SIA or other relevant parties, and should inform management of the organisation of his/her actions.

In the case where the organisation is a public body, the professional member may be protected by relevant federal or state/territory legislation, eg. the Victorian Whistleblowers Protection Act 2001.

1.7 Maintaining the standing and reputation of professional members of the SIA

Actively assist and generally encourage the continuing development of professional members; the OHS professions and OHS associations; and where appropriate, specific areas and disciplines of OHS practice.

I hereby undertake that I have read and clearly understood the Safety Institute of Australia's Code of Ethics.

Signature

[Redacted Signature]

Date

[Redacted Date] / /



Safety Institute of Australia Ltd

Membership Application

NOTE: Part A of this form must be used for an application to become a member of the Safety Institute of Australia Ltd (SIA).
Part B should only be completed by members seeking grading or regrading to a higher level of membership.

PRIVACY CLAUSE

“Our Privacy Policy ensures your right to privacy as we recognise that any personal information we may collect about you will only be used for the purposes indicated in our policy. It is important to us that you are confident that any personal information we collect from you or is received by us will be treated with appropriate respect ensuring protection of your personal information”.

PART A - APPLICATION FOR MEMBERSHIP OF SIA LTD

Title (Mr. Mrs. Ms. Dr) Surname _____ Given Names _____ Date of Birth _____ / ____ / ____

PLEASE NOMINATE YOUR PREFERRED MAILING ADDRESS BELOW (please tick ✓)

1. PRIVATE MAILING ADDRESS

Address _____

City / Town _____ State _____ Postcode _____

Phone _____ Mobile _____

Fax _____ Email _____

2. EMPLOYER DETAILS

Employer (If applicable) _____ Position (If applicable) _____
Address _____

City / Town _____ State _____ Postcode _____

Phone _____ Mobile _____

Fax _____ Email _____

(Please note that since most correspondence from the SIA Office is sent electronically, an appropriate email address is essential).

Please return this application form to the SIA National Office, PO Box 2078, Gladstone Park Vic 3043

(Please send cheque made payable to Safety Institute of Australia Ltd, or complete credit card form below (Visa or MasterCard only))

Details of membership fees are available via the SIA website www.sia.org.au

Payment Method Cheque Credit Card Visa MasterCard

Card number _____ Expiry Date _____ / ____

Signature _____

DECLARATION

I certify that all the information provided in this Application Form is correct, and I have no objection to the information being checked for accuracy.

If this application is accepted, I agree to adhere to the Constitution and By-laws and code of conduct of the SIA, and to further the objectives of the SIA.

Signature _____ Date _____ / ____ / ____

PART B - APPLICATION FOR PROFESSIONAL MEMBERSHIP GRADE/REGRADING

This Part should be used for an application to be graded / regraded as a Graduate Member, Chartered Professional Member or Fellow of the SIA. All applications MUST also include:

- Part A completed and Application fee

APPLICATION FOR (please tick relevant box)

Grading/Regrading change Graduate Member Chartered Professional Member Fellow

Please return Part A and B application forms and all supporting documents to the SIA Secretariat

INFORMATION REQUIRED TO SUBSTANTIATE YOUR APPLICATION

NOTE: Refer to criteria for professional membership at the SIA website for scope of information required on qualifications and work experience
- www.sia.org.au/membership/grades.

I. TERTIARY EDUCATION

Please identify all tertiary education you have received, both specific to health and safety and any other. You must provide a **certified** copy of an official testamur/certificate for any tertiary course for which you are seeking credit. It is not necessary to provide certificates for short courses attended, that do not contribute to a tertiary qualification.

1. Health & Safety Specific Tertiary Qualifications

Course	Institution	Year completed

2. Other Tertiary Qualifications

Course	Institution	Year completed

2. HEALTH AND SAFETY EXPERIENCE (Not required for Graduate Member grading applications)

You must give month/year for the start and finish of any positions or activities for which you are seeking credit. You must also attach a current CurriculumVitae that identifies (a) your positions, (b) what health & safety related work you have performed, (c) for what proportion of the time, and (d) what successful achievements have you accomplished.

Present Position

Organisation	Title	Date Commenced (mm/yy)
		/

Work Description (include % of time spent on health & safety matters)	Total Equivalent Full Time Experience (Months) in this position

Reference Name (e.g. manager) and contact phone number of referee

Previous Position

Organisation	Title	Date (mm/yy) Commenced	Date (mm/yy) Finished
		/	/

Work Description (include % of time spent on health & safety matters)	Total Equivalent Full Time Experience (Months) in this position

Reference Name (e.g. manager) and contact phone number of referee

Previous Position

Organisation	Title	Date (mm/yy) Commenced	Date (mm/yy) Finished
		/	/

Work Description (include % of time spent on health & safety matters)	Total Equivalent Full Time Experience (Months) in this position

Reference Name (e.g. manager) and contact phone number of referee

NOTE: you should provide sufficient work experience to cover the period required for experience in the grading requirements. If you require additional space, attach a separate sheet.

3. APPLICATION FOR FELLOW ONLY:

(For applicable developments refer to the CPD requirements at <http://www.sia.org.au/membership/cpd>)

Activity	CPD points claimed

Ensure that you attach written references from your two referees attesting to your excellence in planning, developing, researching and/or educating others in the areas of health and safety.

4. MEMBERSHIP OF OTHER PROFESSIONAL ORGANISATIONS

Organisation	Grade

5. REFEREES

Application for Chartered Professional Member grade: You must nominate two referees, preferably one of which should be at the Chartered Professional Member, Fellow or Chartered Fellow grade of the SIA, who have knowledge of your health and safety activities.

Application for Fellow grade: You must provide written references from two referees at Chartered Professional Member, Fellow or Chartered Fellow grade of the SIA, who have knowledge of your health and safety activities.

Referee 1

Name
Address
Contact Details
SIA Grade

Referee 2

Name
Address
Contact Details
SIA Grade

6. FOR UPGRADE APPLICATIONS ONLY

Current grade	As From	Date joined SIA
		/ /

If unsure of evidence required contact www.sia.org.au or phone (03) 8336 1995