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ABBOTSFORD Vic 3067 Australia
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Fax: (61 3) 9416 3347
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Application for Membership of the Australian Meditation Teachers Association (ATMA)

Thank you for applying for membership of ATMA. Processing of your application will take approximately 6 weeks from the date of receipt.

Before commencing your application it is important that you carefully read the separate document titled “**ATMA Aims, Definitions, Code of Ethics and Entry Criteria**”. This document can be downloaded from our website or obtained by contacting an ATMA representative.

In making application for membership, you will be required to specify your entry criteria and to attach certain documentation such as training experience and qualification, course certificate/s, professional memberships and/or relevant and suitable references. For handwritten applications, please print clearly.

If you require assistance in completing this form or have questions relating to the supporting documentation required, please telephone ATMA (C/- Gita) on (61 3) 9416 3272 or send an email to ATMA at atma@gita.com.au

Items 1 & 2 please select membership application type from the following:

- 1: **Full Membership:** **Form 1 (parts A, B and C) to be completed**
- 2: **Special Entry Full Membership:** **Form 2 to be completed**
(This membership is granted under the ‘Grandfather Clause’ set out under ATMA Criteria for Membership)

Item 3 please refer to Form 3

- 3: **Friends of ATMA Membership:** **Please refer to Form 3**

Please select the category of membership you wish to apply for (required for full members only):

(You may tick more than one and your experience will be evaluated against the entry criteria for each category).

- Therapeutic meditation**
 Meditation for personal development
 Spiritually focussed meditation within a recognised spiritual or religious system

Form 1: Application for Full Membership

Contact details:

(Confidential information for ATMA use only)

Title	Mr / Mrs / Ms / Miss / Dr / Prof / Other ...			
First Name		Family name		
Address (for correspondence)				
Suburb/Town		State		Postcode
Country (if not Aust.)				
Phone	()	Mobile		
Email				

Part A:

Please describe your professional training and qualification/s in meditation teaching

***Attach relevant and sufficient documentation to support your qualification/s**

Teacher Training Course or School	
Qualification received	
Total number of training hours undertaken in qualification	
Qualification Date	
Certificate or graduate number (if applicable)	
Estimated total period of time accumulated in meditation teaching experience	
Approximate hours of face-to face mentoring, supervision and facilitation with a recognised meditation teacher	
NB: If applying for membership under the category of Therapeutic Meditation, please provide the additional evidence of a health practitioner qualification	<input type="checkbox"/> <i>I have a health practitioner qualification to the level of a bachelor degree as follows:</i>

Form 1: Application for Full Membership continued:

Part B:

Please describe your experience and hours of training in each of the following curriculum areas and/or any other/speciality areas.

***Attach relevant and sufficient documentation to support your knowledge of curriculum**

Curriculum	(Examples only)	Detail your experience and approximate hours tuition here
Basic physiology	Basic knowledge relating to the physiology and psychology of the stress and relaxation responses	
Basic psychology	Basic psychology and mental health knowledge	
Teaching Methodology	In keeping with fair and transparent methods of assessment, describe your training in the study and practice of your teaching method including: teaching style, origin, theory and purpose relating to style, principles of demonstration, class observation, communication, assistance, correction and support of students/clients, instruction and evaluation of progress.	
Integrative Practice and Teaching (Practicum)	Experience in supervised teaching practice, observation of teaching, assistance in classes with a qualified teacher, receiving and providing student/client feedback and professional on-going mentoring and supervision under a senior teacher, attendance at retreat/s or equivalent etc.	
Clinical applications and limitations of meditation (To be completed by those applying for the therapeutic category only)	Knowledge of the current evidence-base supporting the use of meditation in therapeutic settings. Describe your knowledge of the limitations of meditation and the indications and contraindications surrounding the practice of meditation. Detail your knowledge of how to manage potentially difficult side-effects of the meditative experience.	

Form 1: Application for Full Membership continued:

Part C:

Please tell us about yourself and your personal meditation experience!

<p>Your introduction to meditation</p> <p>Your preferred tradition or style of meditation</p> <p>Personal meditation practice in years/months</p> <p>Duration of daily meditation practice</p> <p>Personal beliefs surrounding meditation and its benefits to your life</p> <p>Your current teaching involvement</p> <p>Your current teaching style</p> <p>Your commitment to ongoing supervision/mentoring</p> <p>Your aims for the future</p> <p>Your interest in ATMA</p> <p>(Approximately 500 words)</p>	<p>Attach a separate page if necessary</p>
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Declaration:

- I have read the ATMA Code of Ethics and agree to abide by it.
- I have read and understood the requirements for joining ATMA.
- I declare that the information provided in and attached to this application is true and that my training and experience meet the minimum requirements for the category of membership applied for.
- I understand that acceptance of my application and renewal of my membership each year is at the sole discretion of the ATMA Board. I also understand that if any aspect of this application is found to be false, incomplete or otherwise misleading, membership may be refused or any membership granted may later be withdrawn at the sole discretion of the ATMA Board.
- I am willing to offer voluntary assistance to ATMA if and where possible (optional)
- I have attached a copy of my Meditation Training Course Certificate/s and other relevant supporting documentation
- I have attached a copy of my Health Practitioner Qualification (**Therapeutic Membership application only**)
- I have attached my application fee of \$.....by (cheque/money order or direct debit by EFT)

If payment is made by EFT please read instructions on page 7)

(New applications only)

- I have included my joining fee of \$.....

Signature of applicant..... Date.....

Form 2: Application Form for SPECIAL ENTRY FULL MEMBERSHIP – ‘Grandfather Clause’

Special Entry for Full Membership under the ‘Grandfather Clause’ applies to practitioners who have had long professional experience in teaching meditation and are recognised and respected in the field but may not have had formal training in meditation teaching courses. Membership under this clause is at the discretion of the ATMA Board.

Contact details:

(Confidential information for ATMA use only)

Title	Mr / Mrs / Ms / Miss / Dr / Prof / Other ...				
First Name		Family name			
Address (for correspondence)					
Suburb/Town		State		Postcode	
Country (if not Aust.)					
Phone	()		Mobile		
Email					

Meditation experience	Please provide a description of your experience in learning, practicing and teaching meditation. Please outline your preferred style of meditation and attach supporting documentation. Please also attach 2 professional references relating to your teaching of meditation.
Meditation teaching experience	Please attach in approximately 500 words a detailed outline of your experience in teaching meditation.

Declaration:

- I have read the ATMA Code of Ethics and agree to abide by it
- I have read and understood the requirements for joining the Australian Teachers of Meditation Association.
- I declare that the information provided in and attached to this application is true and that my training and experience meet the minimum requirements for the category of membership I am applying for.
- I understand that acceptance of my application and renewal of my membership each year is at the sole discretion of the ATMA Board. I also understand that if any aspect of this application is found to be false, incomplete or otherwise misleading, membership may be refused or any membership granted may later be withdrawn at the sole discretion of the ATMA Board.
- I am willing to offer voluntary assistance to ATMA if and where possible (optional)
- I have attached documents to support my application
- I have attached 2 relevant references
- I have attached a detailed outline of my experience in teaching meditation
- I have attached my application fee of \$.....by (cheque/money order or direct debit by EFT)

If payment is made by EFT please read instructions on page 7)

(New applications only)

- I have included my joining fee of \$.....

Signature of applicant..... Date.....

Form 3: Application Form for FRIENDS OF ATMA MEMBERSHIP

Friends of ATMA are those people who are not seeking teaching accreditation but who have an interest in meditation and support ATMA's endeavours. Friends may be retired meditation teachers, health practitioners, members of the public and/or people who have not yet met all the criteria for membership. There are no criteria to be met for Friends of ATMA Membership and no supporting documentation is required.

Contact details:

(Confidential information for ATMA use only)

Title	Mr / Mrs / Ms / Miss / Dr / Prof / Other ...				
First Name		Family name			
Address (for correspondence)					
Suburb/Town		State		Postcode	
Country (if not Aust.)					
Phone	()		Mobile		
Email					

Declaration:

- I am interested in meditation and wish to support ATMA by becoming a 'friend'. Please keep my details on the ATMA database and keep me informed of your activities
- I understand that acceptance of my application and renewal of my membership each year is at the sole discretion of the ATMA Board
- I am willing to offer voluntary assistance if and where possible (optional)
- I have attached my application fee of \$.....by (cheque/money order or direct debit by EFT)

NB: If payment is made by EFT please read ATMA Banking instructions on page 7)

(New applications only)

- I have included my joining fee of \$.....

Signature of applicant.....Dated.....

Payment of Fees:

The ATMA membership year runs as a calendar year.

For Full Members, the annual membership fee is: \$70 per year + an initial \$25 joining fee
For Friends of ATMA the annual membership fee is: \$40 per year + an initial \$20 joining fee

ATMA Banking Instructions:

BSB: 063104 A/c No: 1036 4476

If paying by EFT please ensure that your payment details are recorded clearly on your written application form and please use your NAME as the reference on the EFT transaction.

Please retain a copy of the “ATMA Aims, Definitions, Code of Ethics and Entry Criteria” for your records and we recommend that you also keep a reference copy of your completed application form. Then please mail or fax your completed application with payment and supporting documentation to:

**By mail: ATMA C/- Gita International Yoga
16 Hoddle Street
ABBOTSFORD VIC 3067 Australia**

By fax: (61 3) 9416 3347

If you have questions relating to your application, please telephone ATMA at Gita (61 3) 9416 3272 or email c/- atma@gita.com.au. Copies of forms and other documents such as the Code of Ethics can be found on the ATMA website at www.meditationaustralia.org.au.