



DEFERMENT APPLICATION FORM

Name..... DAA Membership No.....

SECTION A:

I wish to defer:

- DAA Membership and/or
- APD Membership

For the period leading up to the commencement of proposed deferment I have:

- Completed APD Online (goals, CPD log and outcomes)
- Attached hard copy CPD documentation

or

- This is an extension of a previous deferment

I agree I cannot use the qualification Accredited Practising Dietitian during this deferment and I understand that if I apply for reinstatement more than three years from the date of deferment I will recommence the APD program with provisional status.

SECTION B:

Reason for deferring (please tick one):

- Maternity
- Extended Travel
- Illness
- Family
- Not Working as a Dietitian
- Other – please specify.....

Date deferment commences

Approximate date for reinstatement
(maximum period is 3 years)

Signature..... Date