



## Infection Control Practitioners Association of Queensland

PO Box 6188  
Buranda Qld 4102

ICN: IA14788  
ABN: 15214872793

### G u i d e l i n e s   f o r   M e m b e r s h i p

#### ***The Association***

##### **Purpose**

The general purpose of the Association is to improve health care by serving the needs and aims common to all Infection Control Practitioners and all other members of the Health Care Industry.

##### **Objectives:**

1. To serve as a forum for sharing knowledge and experience in all aspects of Infection Control.
2. To promote education in Infection Control.
3. To initiate discussion, evaluation and implementation of updated and improved methods of Infection Control.
4. To promote safe practices with regard to the care of infected persons and other potential sources of infection.
5. To promote discussion of statistics regarding hospital and community acquired infections with respect to:
  - Recording
  - Monitoring
  - Evaluating - statistics relating to infection
  - Management.
6. To organise and conduct Symposia, given by persons who are specialists in significant aspects of Infection Control.
7. To ensure that guidelines used for practice in Infection Control are derived from current publications of recognised organisations such as:
  - The Centres for Diseases Control and Prevention (USA)
  - The Association for Professionals in Infection Control (USA)
  - The National Health and Medical Research Council (Australia)
  - The Hospital Infection Society (United Kingdom).
8. Reciprocal Membership.

##### **Membership Categories**

- **FULL MEMBERS** shall be individuals occupationally or professionally employed in the practice, application, supervision, or teaching of Infection Control.
- **ASSOCIATE MEMBERS** shall be others with an interest in Infection Control, and Trade personnel who are able to contribute to the aims of the Association.
- Benefits are the same for both categories of membership; however, Associate members are not entitled to vote or hold office.

##### **Membership Benefits**

- Automatic membership of the Australian Infection Control Association (AICA), including subscription to the Healthcare Infection Journal.
- Each new member receives a copy of the "ICPAQ Inc. Starter Kit", designed as an aid to new practitioners, and regularly updated.
- Access to ICPAQ Inc. Education and Conference Scholarships, awarded yearly.
- Membership discounts at both AICA and ICPAQ conferences.
- Access to a "Buddy" Program to provide support to new and regional practitioners.
- Access to special educational events.
- General meetings held four-monthly, including an education forum and refreshments.
- Access to videoconferencing facilities for rural and remote members.
- Access to restricted areas of ICPAQ website - [www.icpaq.org](http://www.icpaq.org)
- The opportunity to network with peers and stay up-to-date.

##### **Membership Fees**

- Fees are the same for both full and associate members, and fall due for renewal on June 30 each year. Members joining after the 1<sup>st</sup> May will not be required to pay the annual renewal until the following year.
- Joining fee for new members is **\$100.00**, with annual renewal thereafter of **\$100.00**. Payment options include cheque, money order, or electronic funds transfer via your Internet banking facility. See reverse of this form for payment details.

##### ***How to Become a Member***

Simply complete the details on the reverse of this form, including selection of your method of payment, and post to the ICPAQ Membership Secretary, at PO Box 6188, Buranda, QLD, 4102. Please allow at least 28 days for your membership to be processed.

## INFECTION CONTROL PRACTITIONERS' ASSOCIATION OF QUEENSLAND INC. TAX INVOICE

Please note: ICPAQ does not charge GST on membership fees.

**Please indicate your payment method below:**

<input type="checkbox"/> <b>Cheque or money order for \$100.00</b> made payable to the <b>Infection Control Practitioners Association of Queensland Inc.</b> Please forward your payment to PO Box 6188, Buranda, QLD, 4102, with this form.
<b>OR</b>
<input type="checkbox"/> <b>Electronic funds transfer of \$100.00 to ICPAQ account</b> via your Internet banking facility: Commonwealth Bank, Stones Corner <b>BSB: 064132 Account No: 10041471</b> <b>Account Name:</b> Infection Control Practitioners Association Inc <b>Date of Transaction:</b> ___/___/___ <b>Transaction No:</b> _____
<b><u>IMPORTANT:</u></b> 1. In the "Reference" field of your transaction you <b>MUST include the name</b> the membership is to be held in. 2. Record the date and receipt/transaction number in the above section. 3. Ensure you return this form to ICPAQ, PO Box 6188, Buranda, QLD, 4102. <b>A formal receipt will only be provided on receipt of this form by the ICPAQ Treasurer.</b> 4. NB: If initial membership begins after 1 May, the fee will automatically cover the following financial year.

Membership category: Full  Associate   
Do you require an ICPAQ Starter Kit? Yes  No

**Membership information:**

Name that membership is to be held in: (individual or organisation financing membership): <b>NB: The annual Membership Renewal Notice will be sent to this name</b>
Name of individual carrying out infection control when membership is an organisation:
Postal Address:
Telephone: ( ) W / H / Mobile (please circle)
Email Address: _____ (please print email address)
<b>All ICPAQ correspondence except annual general meeting documents, membership renewals &amp; receipts will be via email unless hard copies are specifically requested. Please tick the box if you wish to receive only hard copies of correspondence</b> <input type="checkbox"/>
<b>From time to time, AICA wish to send notice of meetings &amp; other relevant information by electronic transmission. Please tick the box if you do not wish to receive material from AICA electronically</b> <input type="checkbox"/>
Current Position:
Are your Infection Control responsibilities: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Current Workplace:
Workplace Category: <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Day Surgery/Clinic <input type="checkbox"/> Dental/Oral Health Clinic <input type="checkbox"/> Private Consulting Rooms <input type="checkbox"/> Long-Term/Aged Care <input type="checkbox"/> Associated Company Representative <input type="checkbox"/> Other (please specify):
How did you find out about ICPAQ? <input type="checkbox"/> In your workplace <input type="checkbox"/> ICPAQ website / Internet <input type="checkbox"/> ICPAQ member (please specify): <input type="checkbox"/> Professional publication <input type="checkbox"/> Other professional organisation <input type="checkbox"/> Other (please specify):

**Disclaimer: The primary purpose of collecting the personal information you supply as a result of your application for membership form is to process your membership. We will also use these details to keep you informed of future events, and will not disclose this information to a third party.**

**OFFICE USE ONLY**

Membership Number: _____	Receipt Number: _____
Database Date: ___/___/___	Receipt Date: ___/___/___
Entered by: _____	New Member Package: ___/___/___