

## Member Profile

NZAOT maintains a Member Profile database to help us serve you and the profession better. The information on this database is currently out of date. Therefore we are asking **all** members to provide the following information. We will **not** be asking for this information every year.

### 1. For all members

a. Ethnicity. Which ethnic group do you belong to? Tick the box which best applies to you.

- NZ European/Pakeha                       Asian  
 Maori     Other \_\_\_\_\_  
 Pasifika

b. Sex

- Male     Female

c. Date of Birth \_\_\_\_\_

### 2. For students only

Year of study (Tick box)

- First     Second     Third

Place of study (Tick box)

- Otago Polytechnic                       AUT     Other \_\_\_\_\_

Expected year of graduation \_\_\_\_\_

### 3. For Registered Therapists only

Place of employment

- |  |   |
|--|---|
| <input type="checkbox"/> DHB (Hospital/Community)            | <input type="checkbox"/> Employed in private practice |
| <input type="checkbox"/> Public Health Organisation          | <input type="checkbox"/> Maori Provider               |
| <input type="checkbox"/> Self employed/own practice          | <input type="checkbox"/> Private organisation         |
| <input type="checkbox"/> Non-profit organisation (NGO)/trust | <input type="checkbox"/> Government Dept/ACC          |
| <input type="checkbox"/> School/Education                    | <input type="checkbox"/> Tertiary Education provider  |
| <input type="checkbox"/> Not currently employed              | <input type="checkbox"/> Other _____                  |

Privacy - This information is being collected for the sole purpose of ensuring NZAOT is best able to meet the needs of our members. We **will not** pass on any identifying information about members to other organisations.

#### 4. For all members

Please identify your area/s of interest and/or current area/s of practice (Selection of practice areas enables NZAOT to group and identify members according to interest in order to target information and/or requests for information).

Management/leadership	<input type="checkbox"/>	<b>Physical Medicine</b>	
Driver & passenger A & R	<input type="checkbox"/>	Community	<input type="checkbox"/>
Research	<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>
Pain management	<input type="checkbox"/>	Cardiac rehabilitation	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	Orthopaedics	<input type="checkbox"/>
Health promotion	<input type="checkbox"/>	Prosthetics	<input type="checkbox"/>
		Physical disability	<input type="checkbox"/>
		Oncology/palliative care	<input type="checkbox"/>
<b>Paediatrics</b>		Burns/plastic surgery	<input type="checkbox"/>
Neurodevelopmental therapy	<input type="checkbox"/>	Hand therapy	<input type="checkbox"/>
School	<input type="checkbox"/>	Spinal injuries	<input type="checkbox"/>
		Assistive Technology	<input type="checkbox"/>
<b>Older People</b>			
Assessment, Treatment & Rehab	<input type="checkbox"/>	<b>Neurology</b>	
Continuing care	<input type="checkbox"/>	Neurology	<input type="checkbox"/>
Psychogeriatrics	<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>
		Stroke	<input type="checkbox"/>
		TBI	<input type="checkbox"/>
<b>Mental Health</b>			
Child	<input type="checkbox"/>	<b>Modification / Equipment</b>	
Adolescent	<input type="checkbox"/>	Wheelchair/seating	<input type="checkbox"/>
Acute/in patient	<input type="checkbox"/>	Other equipment	<input type="checkbox"/>
Day programme/hospital	<input type="checkbox"/>	Housing modifications	<input type="checkbox"/>
Community	<input type="checkbox"/>		
Forensic	<input type="checkbox"/>		
Substance abuse	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
Eating disorders	<input type="checkbox"/>	Please specify _____	
Intellectual disabilities	<input type="checkbox"/>	_____	
<b>Vocational Rehabilitation</b>			
Musculo-skeletal/ergonomics	<input type="checkbox"/>		
Mental health vocational rehab	<input type="checkbox"/>		