

ARTA Professional Development Award Application 2023

Name: Member Number:

Address:

Town: State: Postcode:

Contact email:

Best Phone contact:

I would like to request that the Board assess my Professional Development with a view to awarding me the ARTA Professional Development Award. I have earned 100 or more Professional Development hours or points within a 2 year period.

I declare that the evidence I have provided is a true representation of the work I have done and that I have not made any false claims in this application.

I can be contacted above for clarification if required.

I understand that the award is given at the discretion of the ARTA Board and their decision is final.

Signed: Date:
(The Applicant)

If I am successful, please send a copy of my Certificate to my
Manager/Supervisor/Coordinator:

Name: Title:

Address:

Town: State: Postcode:
