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**APPLICATION FOR LEAVE OF ABSENCE (LOA)**

*General and Accredited members may use this form to request a leave of absence (LOA) from membership/accreditation. Members should refer to the Leave Policy for Members for guidance when seeking LOA.*

To support members at various stages in their lives and careers, SAS will consider applications for a leave of absence (LOA). Leave may be appropriate where a member takes extended leave from active teaching or practice, for example due to maternity leave, sick leave, or sabbatical.

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Membership Number:** |  | **Membership Level:** | E.g., Accredited / General |

**Period of Leave requested:** (Should not exceed 12 months)

|  |  |  |  |
| --- | --- | --- | --- |
| **Start date:** |  | **End date:** |  |

**Reason requested:** (Please provide a brief description of the reason for seeking LOA, e.g., maternity, sick leave, sabbatical)

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***Application checklist***

**General and Accredited Members to complete**

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| --- | --- |
|  | *If approved, I understand my membership/accreditation will be placed on hold. I am required to contact the Accreditation Officer prior to my LOA end date to indicate my intention to resume my membership/ accreditation, or to seek an extension. The maximum period of LOA that may be granted is two years in total. After this time, my membership/accreditation will be deemed to have lapsed.* |
|  |
|  | *I understand I will not receive a refund of unused fees for the current membership year and will retain access to member resources during this time. Upon resumption of my membership/accreditation, if my membership renewal date/ financial year has passed, I am required to pay the balance of fees applicable for the remainder of the membership financial year before my membership/accreditation will be restored.* |
|  |

**Accredited Members only to complete**

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| --- | --- |
|  | *I understand I am not required to accrue CPD points, participate in supervision/mentorship, or accumulate practice/teaching hours while on LOA. When resuming accreditation, for the purposes of re-accreditation, CPD, practice/teaching hours and supervision/mentorship will be calculated pro-rata, considering the period of leave.* |
|  |
|  | *I understand my profile will not be included among currently practicing members on the ‘Find an Accredited Sexologist’ page of the SAS website (or equivalent listings) for the duration of my LOA.* |

**Members who also sit on SAS committee(s) to complete**

|  |  |
| --- | --- |
|  | *I agree to make appropriate arrangements to stand down for the duration of my LOA by contacting the applicable Committee Chair.* |

**DECLARATION**

|  |  |  |
| --- | --- | --- |
| I, |  | declare that the information contained in this application is true and correct, |
| and that I agree to abide by the Leave Policy for Members of the Society of Australian Sexologists Ltd. | | |
| **Applicant’s Signature:** | |  |
| **Date:** | |  |

**Send your completed application form to the National Accreditation Officer** [**accreditation@societyaustraliansexologists.org.au**](mailto:accreditation@societyaustraliansexologists.org.au)