



# MEMBERSHIP APPLICATION

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Milton Brisbane, Australia 4064  
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Email: info@aiaa.org.au

## BUSINESS DETAILS

Business Name: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business legal status:  Company  Partnership  Sole-Trader  Non-Profit  Educational Institution

Other: (Please specify) .....

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

## INTERNSHIP PROGRAM STATUS

Do you provide domestic or international Internship program(s) within Australia to applicants?  Yes  No

If yes, do you facilitate the Internships directly?  Yes  No  Both directly & indirectly

If facilitated directly, please complete the program provider checklist provided

If no, please list the details of the Internship provider (If applicable) .....

Types of Internships Offered: (Tick if applicable)  Professional  Academic  Remunerated  Other (Please specify) .....

Do you provide similar opportunities for Australians abroad?  Yes  No

If yes, please provide overview of programs offered, by attaching an additional sheet

## MEMBERSHIP TYPE & PAYMENT

MEMBERSHIP DESCRIPTION (Per Business)	MEMBERSHIP APPLIED FOR: (Tick One)
A. FULL MEMBERSHIP – Current providers of the 416 Internship visa and educational institutions that have/outsource an Internship program are eligible to apply for full membership. This category has full voting rights.	<input type="checkbox"/> A (Full Membership)      AUD\$: 750.00
B. AFFILIATE MEMBERSHIP – This category is open to all other interested parties. This category has no voting rights.	<input type="checkbox"/> B (Affiliate Membership)      AUD\$: 250.00

**PAYMENT BY CHEQUE:**  
Payable in \$AUS to: Australian Internship Industry Association. Post: AIIA, Suite 601-Level 6, 32 York Street, Sydney NSW 2000

**PAYMENT BY BANK TRANSFER:**  
Payable in \$AUS to: St George Bank. Account: Australian Internship Industry Association. BSB: 112 879. Acc: 02900 2448

Is the organisation a member of any other associations?  Yes  No

If yes, please name: .....

Can a letter of financial viability be provided from an external accountant/auditor?  
(Educational providers employing over 100 staff exempt)  Yes  No

### REFERENCES (A minimum of two required)

Business Name:

Contact Name:

Position:

Phone:

Email:

Type & Duration of Relationship:

Full Postal Address:

Business Name:

Contact Name:

Position:

Phone:

Email:

Type & Duration of Relationship:

Full Postal Address:

### PLEASE ATTACH WITH THIS APPLICATION

Cheque / deposit details  Copy of business registration/company incorporation  Letter of financial viability (as applicable)

*I authorize that the information provided in this application is true and correct at the time of application:*

Applicant Signature (on behalf of organisation): .....

Name: .....

Position: .....

Date: .....



## AIIA PROGRAM PROVIDER CHECKLIST

### AIIA Membership Requirements

*This checklist is only required to be completed by businesses that facilitate Internships directly.*

*Please confirm that your business can answer yes to each of the following questions, before submitting your application.*

### Internship Provider - Business Details

Evidence of a registered business site that complies with Australian workplace standards?  Yes  No

Evidence of financial viability? (Please refer to application page to see if this applies to your business)  Yes  No

Evidence of business insurance?  Yes  No

An induction program for staff defining responsibilities relating to each role?  Yes  No

A defined percentage of business devoted to the Internship program?  Yes  No

### Internship Program - Policy & Procedures

Promotional material that accurately describes the Internship program?  Yes  No

An application process that defines program terms and conditions?  Yes  No

A document that includes all terms and conditions which is signed/agreed to by all Interns?  Yes  No

A placement, refund, and replacement policy?  Yes  No

Evidence that all Interns are covered by all appropriate insurances? (eg medical, accident, travel, and liability)  Yes  No

### Internship Program - Orientation & Hosting

- A defined process for selecting host organisations?  Yes  No
- An orientation / induction program or package that is provided to all Interns?  Yes  No
- A signed training agreement with both the Intern and host organisation defining all responsibilities and terms & conditions including confidentiality and termination?  Yes  No
- Defined and measurable procedures in place to monitor and support the Intern and host organisation?  Yes  No
- A program evaluation / review process that is distributed to all Interns and host organisations?  Yes  No

### Internship Program - Immigration Requirements (for providers of international Internship programs only)

- Evidence of visa approval for the Internship program, issued by DIMA?  Yes  No
- A defined visa application process that complies with DIMA guidelines?  Yes  No
- A defined process to ensure that all applicants meet the DIMA guidelines for the entry visa category?  Yes  No
- A defined process to ensure that all applicants are advised of their obligations and responsibilities related to the entry visa category as defined by DIMA?  Yes  No
- A reporting process for all non-compliance with regard to visas?  Yes  No
- A defined process for selecting and validating off shore partners and referral agencies?  Yes  No
- Evidence that essential information on medical, safety, and emergency management in Australia is provided to all Interns?  Yes  No
- Evidence of a pre-departure procedure and package for all Interns?  Yes  No