AASTN
Australian Association of Stomal Therapy Nurses
stoma / wound / continence

AUSTRALIAN ASSOCIATION OF STOMAL THERAPY NURSES

ABN 16 072 891 322

FULL MEMBERSHIP APPLICATION FORM

Name:		
Postal Address:		
Suburb:	Post Code:	State:
Phone:		
Email:		

Place of Employment:		
Professional Title: eg RN, CN, CNC, NP etc		
Workplace Address:		
Suburb:	Post Code:	State:
Work Phone (including area code):		
Work Email:		
Department generic email: (If applicable eg SCstoma@health.qld.gov.au)		

Title of Stomal Therapy Nursing Qualification:	
Education facility:	
Country:	Year Gained:
AHPRA Registration:	

Does your facility offer outpatient stomal therapy services?	☐ Yes ☐ No
Do you consent to your name and workplace details being displayed on the 'Find a Stoma Nurse' page on the AASTN website?	☐ Yes ☐ No
Can you precept Stomal Therapy Nursing students?	☐ Yes ☐ No
Do you consent to your name and workplace details being displayed on the preceptor list on the AASTN website?	☐ Yes ☐ No

- ☐ I have attached a copy of my Stomal Therapy Nursing Qualification
- ☐ I have current AHPRA nursing registration as a Registered Nurse
- ☐ I agree to be bound by the AASTN Constitution
- ☐ I agree to the release of mailing information + workplace contact details to AASTN State branches for AASTN purposes

Signature: _____

Date: _____

Email the signed, completed application form and a copy of your Stomal Therapy Qualification to:
membership@stomaltherapy.au

Membership fees to be paid via the AASTN website