



**DEFERMENT APPLICATION FORM**

Name..... DAA Membership No .....

**Section 1**

**I wish to defer:**

**DAA Membership**

**and/or**

**APD Membership**

**For the period leading up to the commencement of proposed deferment I have:**

Completed APD Online (goals, CPD log and outcomes)

Attached hard copy CPD documentation

or

This is an extension of a previous deferment

I agree I cannot use the qualification Accredited Practising Dietitian during this deferment and I understand that if I apply for reinstatement more than three years from the date of deferment I will recommence the APD program with provisional status.

**Section 2**

**Reason for deferring** (please tick one):

Maternity

Extended Travel

Illness

Family

Not Working as a Dietitian

Other – please specify.....

Date deferment commences .....

Proposed date for reinstatement .....  
(maximum period is 3 years)

Signature..... Date .....