

## Dietitians' Association of Sri Lanka (DiASL)

<b>MEMBERSHIP APPLICATION FORM</b>		<b>For Office use</b>	
		Application No.	
		Date received	
		Date approved	
		Membership category	
		Membership No.	
<b>1. Personal information</b>			
	Title: (Mrs. / Miss. / Mr. / Dr. / Prof.)		Gender:
	Name with initials:		
	Names denoted by initials:		
	Date of Birth:		
	NIC No:		
	Mobile:		
	E- mail:		
	Home address:		
	Tel. No.		
	SLMC registration details:	Dietitian	Nutritionist
<b>2. Present Appointment**</b>			
Title of Post :		Responsibilities & duties:	
Employer:			
Work Address:			
Rank or Grade: (where appropriate)			
Date of appointment:			
Tel No: (Work)			

<b>2.</b>	<b>Educational Qualifications</b>				
<b>2.1</b>	<b>Higher / Technical Education**</b>				
University/ Institute	Duration of course		Degree/ Examination / Course	Full time/ part time	Grade
	From Mth/ yr	To Mth/yr			
<b>2.2</b>	<b>Clinical internship/ training**</b>				
From		To		Name of the organization, positions held, dates and concise account of training	Name & the designation of the Supervisor
Mth	yr	Mth	yr		

<b>3. Working Experience in clinical set up **</b>				
From		To		Name of the organization, positions held, and concise account of work of candidate
Mth	yr	Mth	yr	

<b>5. Other Affiliations **</b>		
Position	Institute/ Organization	Responsibility

### Confirmation of service

(Please fill this section **if you are employed as a dietitian/ nutritionist** in government/ private institute and applying for full/ associate membership)

I confirm that Mr. /Mrs./ Ms..... is working as  
(job).....in  
(name of the institute).....  
(address).....from  
(date of appointment) ..... up to date.

.....  
Date

.....  
Head of the institute  
(Rubber stamp)

### Obligation and Certificate (To be completed by the candidate prior to submission)

I agree to abide by any Code of Conduct, professional practice guidelines, professional standards or other guidance issued by the DiASL. By applying for membership of the DiASL, I agree to abide by the standards of practice and conduct expected by the professional association and will be accountable to the DiASL for any breaches of those standards. I undertake to notify the DiASL of any criminal convictions, disciplinary, regulatory or other action which may be considered to bring the profession or the DiASL into disrepute.

Signature : .....

Date : .....

Name with Initials : .....

	Name	Membership No.	Signature
* Proposed			
by			
* Seconded			
by			
* Should be a full member of the DiASL			

\*\* Please attach certified true copies of the relevant documents and mark  if you have attached the document. Do not send any original documents that you need back.

1. Proof of identification – ID/ Driving license/ Passport
2. Degree Certificate & Detailed certificate
3. Postgraduate Degree Certificate & Detailed certificates
4. Training certificates
5. Ceylon Medical College council proficiency certificate/s
6. SLMC registration for Dietitian / Nutritionist certificates
7. Service certificate/s with job responsibilities
8. Letter of appointment to the present post
9. Proof of Studentship (for student membership)

### Application processing fee

Cheque / M.O./ P.O. / Cash for Rs:..... in favor of **Dietitian's Association of Sri Lanka** is attached herewith as for processing fee.