

I forbid the release of my personal information for the purposes of direct advertising, with the exception of insurance companies (membership benefits)

Personal information	Surname (incl. former surname)		Identity number	
	First names (please underline the name you usually use)		Mother tongue	
	Street address		Postal code and town or city	
	Telephone home (incl. area code)	Telephone work (incl. area code)	Mobile home	
	Mobile work	Email address		
Mem-ber-ship	University or polytechnic			
	<input type="checkbox"/> Full member	<input type="checkbox"/> Student member	<input type="checkbox"/> Retired	<input type="checkbox"/> Entrepreneur
Professional training	Diploma	Graduation year	Graduation year	
	<input type="checkbox"/> 01 Doctoral degree	_____	<input type="checkbox"/> 11 Bachelor of Social Services and Health Care (rehabilitation counselling)	_____
	<input type="checkbox"/> 02 Licentiate degree	_____	<input type="checkbox"/> 12 Bachelor of Humanities (civic activities and youth work)	_____
	<input type="checkbox"/> 03 Master's degree that includes or has been complemented with social work training	_____	<input type="checkbox"/> 13 Other polytechnic degree. Please specify.	_____
	<input type="checkbox"/> 04 Other Master's degree. Please specify.	_____	<input type="checkbox"/> 14 Instructor for intellectually and developmentally disabled	_____
	<input type="checkbox"/> 05 Social welfare officer	_____	<input type="checkbox"/> 15 Social educator	_____
	<input type="checkbox"/> 06 Socionomexamen, pol.kand.	_____	<input type="checkbox"/> 16 Social instructor	_____
	<input type="checkbox"/> 07 Other Bachelor's degree. Please specify.	_____	<input type="checkbox"/> 17 Instructor in the social field	_____
	<input type="checkbox"/> 08 Bachelor of Social Sciences, Social Services	_____	<input type="checkbox"/> 18 Kindergarten teacher	_____
	<input type="checkbox"/> 09 Master of Social Services	_____	<input type="checkbox"/> 19 Upgrading of qualifications, social work	_____
	<input type="checkbox"/> 10 Bachelor of Social Services and Health Care (elderly care)	_____	<input type="checkbox"/> 20 Training not completed	_____
<input type="checkbox"/> 21 Other training. Please specify.	_____	_____	_____	
Specialisation studies and postgraduate education		Credit units/ECTS credits		
Employment relationship	Full name of employer			
	Street address		Postal code and town or city	
	Place of employment / Unit where I work			
	Street address		Postal code and town or city	
Place of employment	<input type="checkbox"/> 01 Social service office	<input type="checkbox"/> 08 Child guidance and family counselling clinic	<input type="checkbox"/> 15 University	
	<input type="checkbox"/> 02 Service unit for the elderly	<input type="checkbox"/> 09 Service unit for the disabled	<input type="checkbox"/> 16 Probation service/Prison service	
	<input type="checkbox"/> 03 Children's home, family support unit, state residential home	<input type="checkbox"/> 10 Service unit for the intellectually and developmentally disabled	<input type="checkbox"/> 17 Other government agency or institution (e.g. Social Insurance Institution Kela)	
	<input type="checkbox"/> 04 Mother and child home and shelter	<input type="checkbox"/> 11 Service unit for substance abusers	<input type="checkbox"/> 18 Social and health care organisation	
	<input type="checkbox"/> 05 Hospital	<input type="checkbox"/> 12 Day-care centre	<input type="checkbox"/> 19 Other organisation	
	<input type="checkbox"/> 06 Health centre	<input type="checkbox"/> 13 Comprehensive school, secondary school	<input type="checkbox"/> 20 Own business	
	<input type="checkbox"/> 07 Mental health clinic	<input type="checkbox"/> 14 Vocational college, polytechnic	<input type="checkbox"/> 21 Other employment	
Job title	<input type="checkbox"/> 01 Director of social services department or similar	<input type="checkbox"/> 13 Rehabilitation counsellor	<input type="checkbox"/> 26 Instructor for the intellectually and developmentally disabled	
	<input type="checkbox"/> 02 Social secretary	<input type="checkbox"/> 14 Director of elderly care	<input type="checkbox"/> 27 Instructor at a supported housing unit	
	<input type="checkbox"/> 03 Department head	<input type="checkbox"/> 15 Elderly care counsellor	<input type="checkbox"/> 28 Social instructor / Case manager	
	<input type="checkbox"/> 04 Social welfare ombudsman	<input type="checkbox"/> 16 Director of a children's home / family centre	<input type="checkbox"/> 29 Other instructor/adviser/counsellor. Please specify.	
	<input type="checkbox"/> 05 Senior social worker	<input type="checkbox"/> 17 A-Clinic, substance abuse unit manager	_____	
	<input type="checkbox"/> 06 Senior social worker (health care)	<input type="checkbox"/> 18 Substance abuse counsellor	<input type="checkbox"/> 30 Teacher, lecturer	
	<input type="checkbox"/> 07 Senior sociotherapist	<input type="checkbox"/> 19 Other managerial position at an institution	<input type="checkbox"/> 31 Civil servant or other State personnel	
	<input type="checkbox"/> 08 Social worker	<input type="checkbox"/> 20 Child day care manager/adviser	<input type="checkbox"/> 32 Employment adviser/counsellor	
	<input type="checkbox"/> 09 Social worker (health care)	<input type="checkbox"/> 21 Director of day-care centre	<input type="checkbox"/> 33 Project tasks	
	<input type="checkbox"/> 10 Sociotherapist	<input type="checkbox"/> 22 Kindergarten teacher	<input type="checkbox"/> 34 Working for an organisation	
	<input type="checkbox"/> 11 School social worker	<input type="checkbox"/> 23 Home-help supervisor	<input type="checkbox"/> 35 Other job. Please specify.	
<input type="checkbox"/> 12 Rehabilitation social worker, rehabilitation planner	<input type="checkbox"/> 24 Family worker	_____		
<input type="checkbox"/> 25 Instructor at a child welfare institution	_____			
Employment contract is		Fixed-term employment starts/has started, date	Fixed-term employment ends, date	
<input type="checkbox"/> permanent (of indefinite duration)		<input type="checkbox"/> fixed-term		

Collective agreement sector of the employer

- | | |
|--|---|
| <input type="checkbox"/> 100 Municipality, joint municipal authority | <input type="checkbox"/> 303 Employers' Association for Service Enterprises |
| <input type="checkbox"/> 200 Government | <input type="checkbox"/> 400 Other private employer |
| <input type="checkbox"/> 300 Private social service unit | <input type="checkbox"/> 500 Church sector |
| <input type="checkbox"/> 301 Private social welfare organisation | <input type="checkbox"/> 600 Social Insurance Institution Kela |
| <input type="checkbox"/> 302 Private health services sector | <input type="checkbox"/> 700 Entrepreneur or self-employed |

I'm not working. Please specify the reason.

- Unpaid period begins _____ University or polytechnic _____
- At home Unemployed Post-graduate student _____
- ends _____
- Leave of absence, study leave, job alternation leave Military or civil alternative service Abroad Maternity leave / Child-care leave Rehabilitation subsidy

Payment method of membership fee

- My employer withholds the fee from my salary; I need a power of attorney. My employer withholds the fee from my salary; I already have a power of attorney. I'll pay the fee myself; I need a reference number. I'll pay the fee myself; I already have a reference number.

Membership at unemployment fund (COMPLETION IS OBLIGATORY)

You can join an unemployment fund or change over to another fund when you are working as a wage-earner. NB. You cannot be a member of two or more unemployment funds at the same time.

- I wish to join the Unemployment Fund for Higher Educated Employees (Erko).
- I wish to transfer to Erko from another unemployment fund. Please specify. _____
- I am already a member of Erko.
- I do not wish to join Erko at the moment since I am not working.
When I'm working and wish to join an unemployment fund, I will do so via eAsiointi, at <http://www.talentia.fi>, or by completing this form.
- I wish to terminate my membership at the Unemployment Fund for Higher Educated Employees (Erko).

If you are an entrepreneur/self-employed person, you can apply separately for the membership of the Unemployment Fund for Entrepreneurs and Self-Employed. The membership at Erko of an entrepreneur member can continue beyond the protection period (maximum 18 months).

Talentia member association that I wish to join/am a member of/wish to resign from

- I wish to join the regional association of my place of employment/residence/study (strike out what is not applicable).
- I wish to transfer from my current regional association; please transfer my membership to the regional association of my place of employment/residence/study.

Regional associations

Assoc. no	I join	I belong	I resign		I join	I belong	I resign		I join	I belong	I resign
09 Talentia Helsinki ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Talentia Oulun seutu ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Talentia Keski-Pohjanmaa ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Talentia Kanta-Häme ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Talentia Keski-Suomi ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Talentia Lappi ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Talentia Uusimaa ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Talentia Pohjanmaa ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Talentia Kainuu ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Talentia Etelä-Karjala ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Talentia Kymenlaakso ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Talentia Päijät-Häme ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Talentia Varsinais-Suomi ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Talentia Etelä-Savo ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Talentia Länsi-Uusimaa ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Pirkanmaan Talentia ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Talentia Pohjois-Karjala ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talentia Västra Nyland rf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Talentia Satakunta ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Talentia Pohjois-Savo ry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Talentia Åland rf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I wish to terminate my membership at Talentia. Please specify the reason. NB. If you also wish to terminate your membership at the Erko Unemployment Fund, please fill in "Membership at unemployment fund".

If you wish, you can apply for membership of a national association of your choice. If you are a student, you will also join the student association.

National associations

Assoc. no	I join	I belong	I resign		I join	I belong	I resign
1 Vanhustyön Johtajat ry (directors of elderly care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Koulukuraattorit-Skolkuratorer ry (school social workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sosiaalipedagogit Talentia ry (social pedagogues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Päihdehuollon Sosiaalityöntekijät ry (substance abuse social workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Terveystieteiden Sosiaalityöntekijät ry Hälssosocialarbetare rf (health care social workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Sosiaalialan sosionomit ja ohjaajat ry Socialbranschens socionomer och handledare rf (Bachelors of Social Sciences, Social Services, and social instructors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Sosiaalijohto-Socialledning ry (directors of social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Vammaisala Talentia ry (disability sector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Sosiaalitoimen Sosiaalityöntekijät ry (social workers in social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Talentian Sosiaalialan Opiskelijat TaSO ry (Talentia's student association TaSO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Kasvatus- ja perheneuvoloiden Sosiaalityöntekijät ry (social workers at child guidance and family counselling clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

In my profession I undertake to abide by the ethical principles and guidelines endorsed by the Union of Professional Social Workers, Talentia. The ethical principles are the following:

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|--|--------------------------------------|
| Human dignity and justice | Opposing discrimination and violence |
| Independence and empowerment | Self-determination of the client |
| Preventing exclusion and promoting inclusion | Privacy of the client |

Signature of the member

Place and date

Approval of the Association

Place and date

Signature

Signature