

MEMBERSHIP REGISTRATION FORM FOR ENTRY INTO AN ACA PROFESSIONAL COLLEGE

P.O Box 88 Grange Qld 4051 Ph: 1300 784 333
All applicants to fill in this page

Preamble

ACA Professional Colleges have been designed to acknowledge counsellors and psychotherapists who have undertaken specialised training in specific areas of mental health. Only those who meet the high standards of ACA will be eligible for College membership. College membership reflects the pinnacle of professional training and delivery by the therapist and reassures the consumer that these specialists are indeed appropriately trained to offer specialised services in specialist areas.

Only registered Members of an ACA College may use the post nominal “*Member of the ACA College of*” Each successful applicant will be issued with a separate Certificate of Membership to the College.

Cost: Each College is a separate entity and is required to meet its own costs for College activities and administration. Therefore the membership fee per College is \$80.00

Qualifications for Membership to an ACA College:

Only current ACA level 2, 3 or 4 members may apply for College membership. To be eligible to apply for membership you must hold a recognised qualification in the specialty area of the College you are applying for.

If your qualification was attained prior to 1st of January 2012 it must be accredited at the minimum of Diploma level. If in doubt seek an assessment prior to filling in the application form.

College of Hypnotherapy (COH): The ACA College of Hypnotherapy is only open to ACA full members who meet the following criterion:

- Hold a Cert 4 or Diploma in Hypnotherapy; or
- Are current members or meet the eligibility criteria to join the Australian Society Clinical Hypnotherapy or
- Hold an International qualification in Hypnotherapy; these will be assessed on an individual basis.

Specialist levels for this College only require members to be registered as full ACA members at level 2.

ACA College of Supervisors (COS): ACA has reciprocal agreements with the Psychotherapists and Counselling Association of Singapore (APACS). Members of APACS

should contact the ACA head office for eligibility criteria. All other applicants to the College of Supervisors must meet the following requirements:

- Completed an ACA accredited course of Supervision being:
 - Qualification gained Post 1 Jan 2012 – either a Voc Grad Dip or Grad Dip or Masters of Supervision.
 - Qualification gained Pre-Jan 2012 & Post Jan 2010 – require a minimum of a Certificate level 4 in Professional Supervision.
 - Qualification gained Pre- Jan 2010 ACA approved course of training in Supervision.

- Be a current financial member of ACA at level 2, 3 or 4.

Levels of membership to the College of Supervisors are specialist level 1 to 3 and must meet the added criteria as outlined in the levels section.

College of Creative Arts Therapies (CAT): ACA has affiliate agreements with ANZATA and PTA for its members for membership to the College of CAT. Contact your respective association for further information to join through this affiliation. All other membership applicants should use the following guidelines and application form. CAT has been formed to address and critique the community of practice and the Models of Counselling and Psychotherapy in practice using all forms of the Creative arts. It is planned to be for active ACA members who identify as ACA level 1, 2, 3 or 4 counsellors or therapists. The ACA Professional College of Creative Arts Therapies will be a community of counsellors, therapists, scholars and especially focus on practitioners. To be eligible to apply for membership you must hold a recognised qualification in the specialty area of the College you are applying for.

COLLEGE OF CREATIVE ARTS THERAPY

Level 3 Creative Arts Therapist

- Must be a minimum level 3 or 4 ACA Member
- Must have completed an ACA Accredited Training Course in your chosen field of Creative Arts Therapy, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course to a postgraduate or undergraduate degree level. Additionally candidates applying to the College of Creative Arts Therapies must demonstrate having met the training standards/accreditation by a recognized Association in their field of practice.
- Completed a minimum of 3000 psychotherapy or counselling client contact hours in your chosen creative arts therapy field within a 5-year period.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the creative arts therapy field you are practicing in.

Level 2 Creative Arts Therapist

- Must be a minimum Level 2 ACA Member.
- Must have completed an ACA Accredited Training Course in your chosen field of Creative Arts Therapy, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Creative Arts Therapy and have graduated at a minimum of Diploma Level.
- Completed a minimum of 1000 psychotherapy or counselling client contact hours in your chosen creative arts therapy field within a 2-year period.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the creative arts therapy you are practicing in.

Level 1 Creative Arts Therapist

- Must be a minimum Level 1 ACA Member.
- Must have completed an ACA Accredited Training Course in your chosen field of Creative Arts Therapy, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Creative Arts Therapy and have graduated at a minimum of Diploma level.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to Creative Arts Therapies.

Levels of membership to ALL other ACA Colleges

Note: *Applicants for the College of Hypnotherapy are only required to be registered as full ACA members at a minimum of level 2. Therefore membership to the College of Hypnotherapy at specialist level 2, 3 and 4 is open for ACA level 2 members.*

Level 1 Specialist

- Must be a minimum Level 2 ACA Member.
- Must meet ACA prescribed Training requirements within the specialised area of the College.
- Complete 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the College.

Level 2 Specialist

- Must be a minimum Level 3 ACA Member (*or level 2 if applying for membership to College of Hypnotherapists*).
- Must meet ACA prescribed Training requirements within the specialised area of the College.
- Completed a minimum 1000-hours of counselling within the specialist area in minimum 2-year post qualification period or if applying as a Supervisor
 - Delivered a minimum of 100 hours of Professional Supervision .
- Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the College specialist area.

Level 3 Specialist

- Must be a minimum Level 3 ACA Member (*or level 2 if applying for membership to College of Hypnotherapists*).
- Must meet ACA prescribed Training requirements within the specialised area of the College.
- Completed a minimum 3000-hours counselling within the specialist area for a 5-year post qualification period or if applying as a Supervisor
 - Delivered a minimum of 300 hours of Professional Supervision
- Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the College specialist area.

Application Form

Personal Details

Name: _____ D.O.B ____ / ____ / ____

Residential address: _____

Suburb: _____ State: _____ Post Code: _____

Postal address: _____ Post Code: _____

Contact number: B/H () _____ A/H () _____

Preferred Email address: _____

Membership Details

What is your current level of membership to ACA (circle) 2 3 4 ACA registration # _____

Which Professional College are you applying for entry to (please circle)?

- a. Alcohol & Other Drugs (CAOD)
- b. Family Therapy (CFT)
- c. Grief & Loss (CGAL)
- d. Supervision (COS)
- e. Hypnotherapy (COH)
- g. Creative Arts (CAT)
- h. Aspergers (COA)

What level within this College are you applying for (tick appropriate box):

Level 1

Level 2

Level 3

Please attach the following documents to support your application:

- a. Certified (by a JP) copy of your specialist course qualification and transcript of training;
- b. A statutory declaration stating how many client contact hours post qualification you have attained and in what period of time.
- c. If you are applying under the grandparent clause you will need to submit sufficient documentation as per the following:
 - Documentation including job description from employer/s clearly demonstrating you have worked in this area for a period of six years or longer.

- Letters from other professionals in this area who will testify to your work in this area.
- Letter/s from Clinical/Professional supervisors who are familiar with your work supporting membership of a specialist College.
- Letter from Clinical/Professional Supervisor who supervises you in this specialty area outlining how many hours of supervision you have accumulated in this specialty area.
- Certified copies of any courses including short courses that you have undertaken in this specialty area.
- Certified copies of Membership Certificates or Registrations in professional associations affiliated with this specialty area.
- Attach statutory declaration that is relevant to the State or Territory you currently live in that includes the following statement:
“I do solemnly and sincerely declare that all statements made by me in this ACA Membership Application, are true and correct in every particular, and that all qualifications, client contact hours and supervision quoted therein, and all other documents attached to this ACA Membership Application are capable of independent verification”.

This application cannot be processed without the above attached documents.

YOUR SUPERVISORS DETAILS:

Name of Supervisor: _____

Supervisor’s Ph: () _____

Supervisors
Qualifications _____

Conduct: All applicants must complete the following questions.

A “yes” answer to any of the following will not necessarily preclude you from registration/membership. If you answer “no” to any of the following and it is found at a latter date you have misled ACA you will be deregistered immediately. Please circle either yes or no to each question to indicate your situation. All information will be kept confidential. Please supply full details of any question where you have circled “yes”.

1. Are there any complaints of professional misconduct currently under investigation in relation to your current or past work? **Yes/ No**

2. Are you aware of any formal complaints made against you in regard to your practice as a counsellor or any other previous profession to any Professional Association, registration board or a government authority such as a Health Rights Commissioner at any time, regardless of them being actioned or the outcome? **Yes/ No**

3. Have you ever been refused entry/admission to a Professional Association or a registration board because of reports of professional misconduct? **Yes/ No**

4. Have you ever been dismissed/deregistered or had action brought against you from a Professional body, association or registration board due to a complaint made against you?
Yes/ No

5. Have you been convicted of a criminal action/s? **Yes/ No**

6. Are you currently under investigation by State, Territory or Federal Police? **Yes / No**

7. Have you ever had an application to work with Children refused? **Yes / No**

If you answered 'Yes' to any of the above question please attach a statement outlining the details including any findings, court outcomes and/or penalties.

All applicants to fill in Membership Agreement and have their signature witnessed:

I, (print name)

_____, agree to:

- a. abide by the Objectives, Code of Conduct, disciplinary code and regulations of the Australian Counselling Association and the Professional College (PC),
- b. to never paint ACA/PC, its staff, members or corporate sponsors in a poor light without first attempting to reconcile any issues with ACA/PC in the first instance,
- c. give my permission if I indicated on this application for my name to be placed on the PC Register that is accessible to the public,
- d. receive the electronic PC Ezine including limited blasts from corporate sponsors,
- e. my details to be placed on the Find A Counsellor/Specialist (or like) web page (if applicable), and
- f. any authorised representative of ACA to contact my supervisor or any other person whom I have nominated to support this application, for verification purposes.

I also swear that the information provided in this application is accurate and true at the date of signing.

Signature _____ Date: _____

Witness to your signature to print name: _____

Witness signature: _____ Date _____

FIND A COUNSELLOR/SPECIALIST REFFERAL DATABASE.

Complete the following only if you wish to apply to be placed on the Referral Database and attach a current certificate of insurance with your application.

Referral Database Information

For inclusion on the ACA PC Referral database (referrals given to members of the public who phone the National Office) and/or the ACA web based referral list/s, please fill in this form. Please ensure that you fill in the form completely and supply any requested documentary evidence. ACA receives referrals daily from agencies and members of the public. ACA makes no guarantee you will receive any referrals during your membership. ACA can only refer clients who contact us and therefore we have no control over what geographical area these clients come from. ACA will not refer clients to members who do not meet the standards as set out below.

Practice name: _____

Business/Company Name: _____

ABN/ACN _____

Postal Address: _____ Suburb: _____

State: _____ Postcode: _____ Hourly Rate: _____

Medium (Face to Face/Phone etc...): _____

Business Ph: () _____ Mobile: _____

Practice Address/es:

1. State: _____ Suburb: _____ Postcode: _____

2. State: _____ Suburb: _____ Postcode: _____

This service requires counsellors to be contactable by phone during normal work hours. What is your contact number for referrals?

1. _____ 2. _____

Please attach a copy of:

- a. Your Insurance Certificate of Currency policy; and
- b. Your Business registration name, and/or company registration certificate, if a company.

Please give physical address of each of your room/s.

a. _____

b. _____

Do you charge on a sliding scale eg: for health care card holders and/or senior cards? Yes/No

Do you provide multilingual services as a counsellor? Yes/ No

If so, what are the other languages spoke? _____

ACA cannot release any of your information to potential clients unless the following section is signed and dated.

I, (print) _____, hereby agree that I will abide strictly by the ACA & PC Code of Conduct, Confidentiality Charter and Rules of Membership. I also give permission for the details contained in this form to be entered into the ACA database and web based referral systems. All clients gained through this service will be informed of their rights in relation to the ACA complaints procedure.

Signature: _____ Date: ___ / ___ / ___

Only counsellors with a current certificate of insurance will be placed on the referral database, please ensure a copy of your insurance is attached to this application. The referral database form may be completed and forwarded to ACA at a later date if you are waiting for membership to ACA prior to applying for insurance.

Please Note: Your commitment to ACA and the PC when you join is to fulfil annual mandatory requirements. Your registration will not be renewed and your name will be removed from the referral list if you do not attach your completed log book showing you have met your annual requirements when your renewal is due. Your renewal notice will be automatically sent to you prior to the anniversary date of you joining.

Payment Details (cross out if not applicable)

Please complete the following Payment Details (GST incl):

Annual PC membership year starts on the day your application is approved and is due on the following anniversary date.

Membership fee \$80 per College (GST incl) per annum.

TOTAL \$_____ Cheque/money order

Please debit my credit card to the value \$_____

MasterCard Visa

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: ___ / ___ 3 digit security number _____

Name of cardholder: _____

Signature of cardholder: _____

Return application to: ACA PO BOX 88. GRANGE, QLD 4051