Membership Registration Form

ACA College of Alcohol & Other Drugs

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 Alcohol & Other Drugs".*** Each successful applicant will be issued with a separate Certificate of Membership to the College.

Cost: Each College is a separate entity with its specific entry criteria. The membership fee **per** College is $80.00. Each College has its own database which can be searched by the public.

Qualifications for Membership to ACA College of Alcohol & Other Drugs (CAOD):

Only current ACA level 2, 3 or 4 members may apply for admittance to the CAOD. To be eligible to apply for admittance you must hold a recognised Australian qualification in Supervision. Overseas qualifications will be assessed individually.

Grandparent Clause: If you wish to apply for admittance to the CAOD and do not meet the current requirements however you believe your past history and practice as a D & A counsellor should be considered as equivalent to current standards you may apply under the Grandparent clause.

If you are applying under the grandparent clause you will need to submit sufficient documentation, including:

A Documentation including job description from employer/s demonstrating you have worked in this area for a period of six years or longer.

B Letters from other professionals in this area who will testify to your work in this area.

C Letter/s from Clinical/Professional supervisors who are familiar with your work supporting membership of a specialist College.

D Letter from your Clinical/Professional Supervisor in this specialty area outlining how many hours of supervision you have accumulated in this specialty area.

E Certified copies of any courses including short courses that you have undertaken in this specialty area.

F Certified copies of Membership Certificates or Registrations in professional associations affiliated with this specialty area.

G Attach statutory declaration that is relevant to the State or Territory you currently live in that includes the **following statement (see page 3).**

Current ACA members are not required to supply documentary evidence with this application that has already been supplied to ACA as part of their membership application or OPD documentation. All applicants are required to complete and submit the Statutory Declaration.

College of Alcohol & Other Drugs

The ACA CAOD is only open to ACA full members at level 2 and above who meet the additional criterion set out on the following page.

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The following outlines requirements for specialist levels.

1 Level 1 Alcohol & Other Drugs Counsellor

- Must be a minimum Level 1 ACA Member.
- Must have completed an ACA Accredited Training Course in Alcohol & Other Drugs, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Alcohol & Other Drugs.
- Complete 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to Alcohol & Other Drugs.

2 Level 2 Alcohol & Other Drugs Counsellor

- Must be a minimum Level 2 ACA Member.
- Must have completed an ACA Accredited Training Course in Alcohol & Other Drugs, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Alcohol & Other Drugs.
- Completed a minimum 1000-hours Alcohol and Other Drug counselling 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 Alcohol & Other Drugs.

3 Level 3 Alcohol & Other Drugs Counsellor

- Must be a minimum Level 3 ACA Member.
- Must have completed an ACA Accredited Training Course in Alcohol & Other Drugs, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Alcohol & Other Drugs.
- Completed a minimum 3000-hours Alcohol and Other Drug counselling 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 Alcohol & Other Drugs.

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ACA College of Alcohol & Other Drugs

Personal Details

Full Name _____ Date of birth _____

Residential address _____

Suburb _____ State _____ Post code _____

Postal address _____

Suburb _____ State _____ Post code _____

Contact number B/H _____ A/H _____

Preferred email address _____

Membership Details

What is your current level of membership to ACA (circle) 1 2 3 4

ACA Registration # _____

What specialist level are you applying for (tick appropriate box):

- ☐ Level 1 Alcohol & Other Drugs Counsellor
- ☐ Level 2 Alcohol & Other Drugs Counsellor
- ☐ Level 3 Alcohol & Other Drugs Counsellor

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 A letter from your Supervisor/s stating how many hours of supervision you have received as a Creative Arts Therapist. Included in the letter, your supervisor is required to outline their qualifications and any affiliations or memberships to relevant professional bodies.

D Copy of current certificate of insurance if in Private Practice.

E A statutory declaration with the following statement:
"I do solemnly and sincerely declare that all statements made by me in this ACA College of Supervisors admittance 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 CAOD admittance application are capable of independent verification".

This application cannot be processed without the above attached documents.

ACA AUSTRALIAN COUNSELLING ASSOCIATION Inc
Australian Counselling Association Inc

Membership Registration Form

ACA College of Alcohol & Other Drugs

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 mislead ACA you will be deregistered immediately.

Please tick 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 ticked "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
8. Have you ever had your membership cancelled to a professional body due to breaching of its constitution? ☐ 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.

Membership Registration Form

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All applicants are to fill in the 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. not engage or participate in any activity that undermines the good standing of ACA, its staff, CAOD or corporate sponsors without first formally approaching ACA to reconcile any perceived issues;
c. give my permission for my name to be placed on the CAOD Register that is accessible to the public;
d. receive the electronic CAOD Ezine including limited blasts from corporate sponsors;
e. 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.

Applicant's Signature _____ Date _____

Witness signature _____

Witness to print name _____ Date _____

Please Note: Your commitment to ACA and the CAOD 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

Please complete the following Payment Details (GST incl)

Please select a payment option: ☐ Cheque ☐ Money order ☐ Credit card

Cheque / Money order:

TOTAL $ _____ Cheque / Money order (please circle one)

Credit card payments:

TOTAL $ _____ ☐ Mastercard ☐ Visa

Cardholder Name _____

Credit Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date (mmyy) ☐☐☐☐ CCV (3 digit security number) ☐☐☐

Signature of cardholder _____

MEMBERSHIP FEE
$80 per College (GST incl) per annum.

Annual **CAOD Membership** year starts on the day your application is approved and is **due on the following annual anniversary date.**

Return application to:

ACA
PO BOX 88
GRANGE QLD 4051

ACA AUSTRALIAN COUNSELLING ASSOCIATION Inc
Australian Counselling Association Inc