

Membership Registration Form

ACA College of Alcohol & Other Drugs



Preamble

The 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 of Alcohol and Other Drugs.

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 Nationally Recognised Australian qualification in Alcohol and Other Drugs, for example, a Certificate IV in Alcohol and Other Drugs or a Diploma of Alcohol and Other Drugs.

Alcohol & Other Drugs Counsellor

- Must be a level 2, 3 or 4 current ACA member.
- Must have completed a Nationally Accredited Training Course in Alcohol & Other Drugs (Certificate IV) or a Diploma of Alcohol and Other Drugs.
- After joining the CAOD, complete 25 points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 points must be directly related to Alcohol & Other Drugs.

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Personal Details

| | | | |
|-------------------------|----------------------|---------------|----------------------|
| Full Name | <input type="text"/> | Date of birth | <input type="text"/> |
| Residential address | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Post code | <input type="text"/> |
| Postal address | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Post code | <input type="text"/> |
| Contact number B/H | <input type="text"/> | A/H | <input type="text"/> |
| Preferred email address | <input type="text"/> | | |

Membership Details

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

ACA Registration Number

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 an Alcohol and Other Drugs 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 CAOD 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 will not be processed without the above attached documents.

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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 later date you have misled the 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 State Health Commissioner or Ombudsman 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 or vulnerable people 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.

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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 Code of Ethics and Practice of the Australian Counselling Association.
- 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 newsletters 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 logbook 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

Membership Fee \$80 per College (GST incl) per annum. Annual CAOD membership year starts on the date your application is approved and is due on the following annual anniversary date.

Debit/Credit card payments:

TOTAL \$ Mastercard Visa

Cardholder Name

Credit Card No.

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

Signature of cardholder