

# Membership Registration Form

ACA College of Creative Arts Therapists



## Preamble

ACA Professional Colleges acknowledges 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 appropriately trained to offer services in specialist areas.

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

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

## Qualifications for Membership to ACA College of Creative Art Therapists (CAT):

Only current ACA members may apply for admittance to the CAT. To be eligible to apply for admittance you must hold a recognized Australian qualification in Creative Arts Therapies. Overseas qualifications will be assessed individually.

**Currently 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.**

Affiliate Agreements: ACA has affiliate agreements with ANZACATA, CATA & PTA for their respective full members to be eligible for membership to the ACA College of CAT.

- **To join you must be a minimum level 2 ACA member or equivalent for ANZACATA, CATA or PTA members.**
- **Must have completed an ACA CAT approved Course in your chosen field of Creative Arts Therapy or be eligible for membership of ANZACATA, CATA or PTA.**
- **Completes 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 points must be directly related to the Creative Arts Therapy you are practicing in.**

## 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 Registration Form

ACA College of Creative Arts Therapists

ACA

## Membership Details

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

ACA Registration #

If you are a member of ANZACATA, CATA or PTA Registration #

## Your Supervisors Details

Name of Supervisor

Supervisors Ph.

Supervisors Qualifications

Please attach the following documents to support your application:

- A** Certificate (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 Creative Art Therapists 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 application is capable of independent verification"*.

This application **cannot** be processed without the above attached documents.

# Membership Registration Form

ACA College of Creative Arts Therapists



## 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 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

ACA College of Creative Arts Therapists



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, disciplinary code, and regulations of the Australian Counselling Association.
- b. not engage or participate in any activity that undermines the good standing of ACA, its staff, CAT, 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 CAT Register that is accessible to the public.
- d. 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 CAT 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

Please complete the following Payment Details (GST incl)

### 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 **CAT 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**