

Membership Registration Form

ACA College of Clinical Counsellors

ACA

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 this ACA College may use the post nominal "Member of the ACA College of Clinical Counsellors". 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 Clinical Counsellors (CCC):

Only current ACA level 3 or 4 members may apply for admittance to the CCC.

Current ACA members are not required to supply documentary evidence with this application as this 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 Clinical Counsellors

Clinical counsellors use a range of recognised, evidence based, therapeutic counselling approaches to support individuals with clinical and sub clinical issues. Clinical counsellors are trained in psychological therapies, work within an individual's cultural and societal system and, where appropriate, incorporate psychometrics, diagnostics, and bio-medical considerations. Their work is sometimes accomplished in conjunction and co-operation with other health care professionals when this is required to maximise client recovery rates.'

The ACA CCC is only open to ACA full members at level 3 and 4.

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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) 3 4 ACA

Registration #

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

Clinical Counsellor

Your Supervisors Details

Name of Supervisor Supervisor's Ph.

Supervisors Qualifications

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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".

- | | Yes | No |
|--|------------------------------|-----------------------------|
| 1. Are there any complaints of professional misconduct currently under investigation in relation to your current or past work? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been refused entry/admission to a Professional Association or a registration board because of reports of professional misconduct? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been convicted of a criminal action/s? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you currently under investigation by State, Territory or Federal Police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had an application to work with Children refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had your membership cancelled to a professional body due to breaching of its constitution? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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, CCC 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 CCC 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	<input type="text"/>	Date	<input type="text"/>
Witness signature	<input type="text"/>		
Witness to print name	<input type="text"/>	Date	<input type="text"/>

Please Note: Your commitment to ACA and the CCC 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 **CCC 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