

Membership Registration Form

ACA College of Grief & Loss 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 an ACA College may use the post nominal **“Member of the ACA College of Grief & Loss 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 Grief & Loss Counsellors (CGAL):

Only current ACA level 2, 3 or 4 members may apply for admittance to the CGAL. 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 CGAL and do not meet the current requirements however you believe your past history and practice as a Grief and Loss 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. | E Certified copies of any courses including short courses that you have undertaken in this speciality area. |
| B Letters from other professionals in this area who will testify to your work in this area. | F Certified copies of Membership Certificates or Registrations in professional associations affiliated with this speciality area. |
| C Letter/s from Clinical/Professional supervisors who are familiar with your work supporting membership of a specialist College. | G Attach statutory declaration that is relevant to the State or Territory you currently live in that includes the following statement (see page 3) . |
| D Letter from your Clinical/Professional Supervisor in this speciality area outlining how many hours of supervision you have accumulated in this specialty area. | |

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 Grief & Loss

The ACA CGAL is only open to ACA full members at level 2 and above who hold an ACA approved course of training such as:

- Certificate IV or Diploma in Grief & Loss; or
- Vocational Graduate Diploma, Grad Diploma or Masters in Grief & Loss; or
- International qualification in Counselling Grief & Loss; these will be assessed on an individual basis.

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The following outlines requirements for specialist levels.

1 Level 1 Grief & Loss Counsellor

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

2 Level 2 Grief & Loss Counsellor

- Must be a minimum Level 2 ACA Member.
- Must have completed an ACA Accredited Training Course in Grief & Loss, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Grief & Loss.
- Completed a minimum 1000-hours Grief & Loss 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 Grief & Loss.

3 Level 3 Grief & Loss Counsellor

- Must be a minimum Level 3 ACA Member.
- Must have completed an ACA Accredited Training Course in Grief & Loss, or get Recognition of Prior Learning through a Training Provider of an ACA Accredited Training Course in Grief & Loss.
- Completed a minimum 3000-hours Grief & Loss 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 Grief & Loss.

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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) 1 2 3 4

ACA Registration #

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

Level 1 Grief & Loss Counsellor Level 2 Grief & Loss Counsellor Level 3 Grief & Loss Counsellor

Please attach the following documents to support your application:

- | | |
|--|---|
| <p>A Certified (by a JP) copy of your specialist course qualification and transcript of training.</p> | <p>D Current certificate of currency of insurance for Private Practitioners.</p> |
| <p>B A statutory declaration stating how many client contact hours post qualification you have attained and in what period of time.</p> | <p>E A statutory declaration with the following statement: <i>"I do solemnly and sincerely declare that all statements made by me in this ACA College of Grief & Loss Counsellors 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 CGAL admittance application are capable of independent verification".</i></p> |
| <p>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.</p> | |

This application cannot 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 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.

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

I, (print name) _____, agree to:

- abide by the Objectives, Code of Conduct, disciplinary code and regulations of the Australian Counselling Association and the Professional College (PC);
- not engage or participate in any activity that undermines the good standing of ACA, its staff, CGAL or corporate sponsors without first formally approaching ACA to reconcile any perceived issues;
- give my permission if I indicated on this application for my name to be placed on the CGAL Register that is accessible to the public;
- receive the electronic CGAL Ezine including limited blasts from corporate sponsors;
- my details to be placed on the Find A Supervisor data base if applicable, and;
- 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 CGAL 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 **CGAL 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