

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 specialists who are registered with the appropriate college have met the high standards required of specialists.

Only registered Members of the ACA College of Christian Counsellors may use the post nominal *"Member of the ACA College of Christian Counsellors or COCC"*. Each successful applicant will be issued with a separate Certificate of Membership to the College. **Annual membership Cost: \$100.00**

Pre-requisite to join the ACA College of Christian Counsellors:

Must be a current Provisional, Level 1, 2, 3 or 4 member of ACA

The ACA COCC is only open to ACA members who meet the additional following criteria:

- To be eligible to apply for admittance you must hold a recognised Australian qualification in Christian Counselling.
- Sign the ACA College of Christian Counsellors Declaration (**Page 2**)
- Complete the Christian Counselling Statement of Faith (**Page 2**); and
- Provide a letter of recommendation from a Pastor or church leader (**Page 3**); and
- Complete 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of **10 points must be directly related to the College**; and
- **Complete a minimum of 30% of their Clinical Supervision** with a Christian Supervisor*

A Christian Supervisor can be either:

- Members of both the ACA College of Christian Counsellors AND the ACA College of Supervisors; or
- Supervisor members of the Christian Counselling Association of Australia.

PLEASE NOTE:

The ACA COCC is in Partnership with the Christian Counselling Association of Australia (CCAA)

Statement of Faith

I, (print name) _____, declare my faith in Jesus Christ and I hold to the historic truths of the Christian faith as outlined in the Bible, the Word of God, and the Apostles' Creed, and I am committed to participating with other believers in a Christian Faith community.

The overarching values of CCAA are as follows:

- **Grace;** I model my life on Jesus, in the grace he offered by his life and redemptive sacrifice.
- **Knowledge;** I am committed to growing in knowledge of God's revealed purposes in the Word of God, the Bible.
- **Growth;** I am committed to lifelong growth in understanding of, and compassion towards, myself and others.
- **Servant Leadership;** I work and learn as a counsellor ultimately to honour God and advance the Kingdom in the sphere of Counselling.
- **Integration;** I seek to integrate and enrich my theoretical basis for Counselling practice with my faith, including all the above values.
- **Integrity;** I am professionally and ethically accountable. I am personally accountable to 'communities' I serve, and to the Lord who knows my heart.
- **Excellence;** I wisely invest all that I have been given to receive God's "well done".

I commit to adhere to and abide by the above CCAA Values Statement, and I will endeavour to reflect this commitment in my professional practice.

College of Christian Counsellors Declaration

I, (print name) _____, agree to:
abide by the ACA Code of Ethics, not engage or participate in any activity that undermines the good standing of CCAA and ACA. I acknowledge that some personal details will be shared with CCAA in regard to this application.

I confirm that the information provided in this application is accurate and true at the date of signing.

Signature of Applicant _____ Date _____

Confidential Reference – Christian Standing

To be completed by minister, pastor, educator etc.

This form is given to support the application of a person wishing to join the ACA College of Christian Counsellors COCC and is to be supplied with the COCC application. Click on and send the word document below if you wish to forward the document separately to your referee.

To send a confidential reference to your referee, please [Click here](#)

Applicants Name:

REFEREE'S DETAILS				
Title	First Name	Middle name/s	Family Name	
Address: Number & Street		Suburb	State	Postcode
Work Phone		Mobile Phone		
Email address				

What is your relationship to the applicant? i.e. Minister, pastor, educator etc

What is the applicant's Church/Faith Group?

** If under 12 months, how long have you known the applicant?

Can you confirm that the applicant is in regular fellowship with other Christians?

Do you have confidence in the applicant's Christian integrity?

Do you support this applicant joining the ACA College of Christian Counsellors?

Signed: _____
(typed name will suffice)

Personal Details

Full Name				Date of Birth		/		/		
Residential Address										
Suburb				State			Postcode			
Postal Address										
Suburb				State			Postcode			
Mobile #				A/H				B/H		
Email Address										

ACA Membership Number and Current Level

Membership Number				Current Level			
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Have you completed the following documentation to support your application?

- ☐ Signed the College of Christian Counsellors Declaration (**Page 2**)
- ☐ Completed the Statement of Faith (**Page 2**)
- ☐ Provided the Reference – Christian Standing (**Page 3**)

Payment Details - \$100 per annum Please

debit my credit card to the value \$100.00

MasterCard ☐ Visa ☐

Credit Card Number

Expiry Date / CVC

Name of cardholder:

Signature of cardholder:

Return application via email: aca@theaca.net.au or via mail: PO Box 88, Grange Qld 4051