

### 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 Hypnotherapists may use the post nominal *"Member of the ACA College of Hypnotherapists or COH"*. Each successful applicant will be issued with a separate Certificate of Membership to the College. Cost: \$80.00

Pre-requisite to join the ACA College of Hypnotherapists: **Must be a Level 1, 2, 3 or 4 member of ACA**

### Qualifications for Membership to ACA College of Hypnotherapists (COH):

To be eligible to apply for admittance you must hold a recognised Australian qualification in Hypnotherapy. Overseas qualifications will be assessed individually.

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

- Hold a Diploma or higher qualification in Hypnotherapy; or
- Are current members of or meet the eligibility criteria to join the Australian Society Clinical Hypnotherapy or
- Hold an International qualification in Hypnotherapy; these will be assessed on an individual basis.
- Must be a minimum Level 1 ACA Member.
- Hold a minimum of a Diploma in Hypnotherapy: or
  - a) be a full member of the Australian Society Clinical Hypnotherapy (ASCH); or
  - b) be eligible for membership to the ASCH
- 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.

### Documentation Required for Application

- Copy of your Hypnotherapy Qualification Certificate (minimum Diploma Qualification Hypnotherapy)
- Copy of your Hypnotherapy Academic Transcript
- Copy of Current Insurance Certificate of Currency
- Statutory Declaration stating the following

"I do solemnly and sincerely declare that all statements made by me in the ACA College of Hypnotherapists admittance application, are true and correct in every particular, and all qualifications, client contact hours and supervision quoted therein, and all other documents attached to this ACA COH admittance application are capable of independent verification"

### 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 circle 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 circled "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? Either in relation to your practice as a counsellor or any other previous profession to any other 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. Has your membership to a Professional Body ever been cancelled for breaches to 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.*

### Declaration

All applicants to fill in 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 Inc and the Professional College of Hypnotherapists (COH), not engage or participate in any activity that undermines the good standing of ACA, its staff, COH 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 COH Register that is accessible to the public.
- My details to be placed on the Find A College of Hypnotherapists data base if applicable.
- 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness to your signature to print name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

*Only Supervisors with a current certificate of insurance will be placed on the COH referral database, please ensure a copy of your insurance is attached to this application.*

### Personal Details

Full Name				Date of Birth		/		/		
Residential Address										
Suburb				State			Postcode			
Country: International Applicants										
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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Please attach the following documents to support your application:

- Certified (by a JP) copy of your specialist course qualification and transcript of training;
- A statutory declaration stating how many client contact hours post qualification you have attained and in what period of time.
- A letter from your Supervisor/s stating how many Hours of Supervision you have received as a Hypnotherapist.
- A current certificate of currency of insurance.
- A statutory declaration as stated on Page 1 of this application.

### Payment Details - \$80 per annum

Please debit my credit card to the value \$80.00

MasterCard ☐ Visa ☐

Credit Card Number

Expiry Date  /  CCV

Name of cardholder:

Signature of cardholder: