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 Supervisors may use the post nominal “Member of the ACA College of Supervisors or COS”. 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 Supervisors: Must be a minimum level 2 member of ACA

ACA College of Supervisors (COS): ACA has reciprocal agreements with the Psychotherapists and Counselling Association of Singapore (APACS). Full members of APACS should contact the ACA head office for eligibility criteria. All other applicants to the College of Supervisors must meet the following requirements:

Requirements for specialist level “Supervisor”.

- Completed an ACA approved Supervision qualification or equivalent
- Must be a current financial Level 2 or above ACA Member
- Complete 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the College.
- Undertake regular supervision as a supervisor.
- Complete a minimum of 10 hours of supervision for supervisors per membership year.

Documentation Required for Application

- Copy of your Supervision Qualification Certificate
- 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 Supervisors 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 COS 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 mislead 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”.

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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 Supervisors (COS), not engage or participate in any activity that undermines the good standing of ACA, its staff, COS 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 COS Register that is accessible to the public.
- Receive the electronic COS Ezine including limited blasts from corporate sponsor.
- My details to be placed on the Find A Supervisor 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 __________________________________________ Date ______________

Witness Signature ____________________________________________________________ Date ______________

*Only Supervisors with a current certificate of insurance will be placed on the COS 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: __________________________

Hourly Rate (Include Individual rates, Group rates; discounted rates etc)

__________________________

Medium Services (You may tick more than one): Face to Face [ ] Phone [ ] Group [ ] Skype [ ]

Please describe any other Supervision Services you offer:

__________________________

Payment Details (cross out if not applicable) $80 per annum

Membership Number: __________________________ Current Membership Level: __________________

Please debit my credit card to the value $80.00

MasterCard [ ] Visa [ ]
Credit Card Number: __________________________
Expiry Date: __________________ CCV: ____________
Name of cardholder: __________________________
Signature of cardholder: __________________________

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