

MEMBERSHIP REGISTRATION FORM FOR ENTRY INTO ACA COLLEGE OF SUPERVISORS

P.O Box 88 Grange Qld 4051 Ph: 1300 784 333

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

Grandparent Clause: If you wish to apply for admittance to the COS and do not meet the current requirements however you believe your extensive past history and practice as a Professional Supervisor should be considered as equivalent to current standards you may apply under the Grandparent clause. Please contact ACA for further information on the Grandparent clause.

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:

The following outlines requirements for specialist level “Supervisor”.

Supervisor:

- Must be a current financial Level 2 or above ACA Member
- Completed an ACA approved program of study or equivalent.
- 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.

Application Form College of Supervisors (COS)

Personal Details

Name: _____ D.O.B ____ / ____ / ____

Residential address: _____

Suburb: _____ State: _____ Post Code: _____

Postal address: _____ Post Code: _____

Contact number: B/H () _____ A/H () _____

Preferred Email address: _____

Membership Details

What is your current level of membership to ACA (circle) 2 3 4 ACA registration # _____

Please attach the following documents to support your application:

- a. Copy of your Supervision training course certificate;
- b. Copy of your transcript if *non* ACA approved Supervision course.
- c. Copy of current certificate of currency of insurance for Private Practice
- d. A statutory declaration with the following statement

“I do solemnly and sincerely declare that all statements made by me in this ACA College of Supervisors (COS) 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 COS admittance application are capable of independent verification”.

This application cannot be processed without the above-attached documents.

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 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 in regard 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.

All applicants to fill in 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 Inc and the Professional College of Supervisors (COS),
- b. 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.
- c. 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,
- d. receive the electronic COS Ezine including limited blasts from corporate sponsors,
- e. my details to be placed on the Find A Supervisor data base if applicable, and
- f. 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 _____ Date: _____

Witness to your signature to print name: _____

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.

ACA Supervisor College Database:

*The information you provide us below will be included
on the ACA Supervisor College List in the Counselling Australia Magazine*

Name: _____

Suburb: _____ State: _____

(International Applicants) Country: _____ Suburb: _____

Contact Ph: _____ Mobile: _____

Hourly Rate (Include any Group rates; discounted rates):

Medium Services (You may circle more than one): Face to Face, Phone, Group, Skype

Please describe any other Supervision Services you offer:

Payment Details (cross out if not applicable)

Please complete the following Payment Details (GST incl):

Annual PC membership year starts on the day your application is approved and is due on the following anniversary date.

Membership fee \$80 per College (GST incl) per annum.

TOTAL \$ _____ Cheque/money order

Please debit my credit card to the value \$ _____

MasterCard Visa Bankcard

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ 3 digit security number _____

Name of cardholder: _____

Signature of cardholder: _____

Return application to: ACA PO BOX 88. GRANGE, QLD 4051