

X Attach \$35.00 Processing Fee



COUNSELLING ASSOCIATION OF SOUTH AUSTRALIA INC

**APPLICATION FOR MEMBERSHIP
ASSOCIATE**

Please Return To
Membership Committee: CASA PO Box 30 KENT TOWN SA 5071



Dear Applicant

Thank you for your enquiry about Associate Membership within the Counselling Association of South Australia.

Whilst Associate Members are not full members of the Association due to not having completed training requirements, there are many benefits, including:

- a sense of identity from connection to a professional association;
- support from CASA in regard to practice, supervision, ethics and insurance issues;
- being kept updated through the Association's Newsletter, eNews and circulars;
- the opportunity to serve on sub-committees of the Association
- opportunities to network with like professionals;
- subsidised fees for any seminars, conferences, workshops or training sessions organised by the Association; and
- a pathway for national recognition by the Psychotherapy and Counselling Federation of Australia (PACFA).

This **Application Form for Associate Membership** is designed in five sections:

- Section 1 Name and Address Details
- Section 2 Stream of Entry
- Section 3 Working Towards Professional Membership of CASA (if applicable)
- Section 4 Ethical Conduct
- Section 5 Declaration

CASA documents referred to in the Application including the Philosophy, Constitution, Code of Ethics and Privacy Brochure may be sourced on the CASA web site.

At any time during the process of completing your Application Form, please feel free to contact the Association by emailing membership@casa.asn.au

Your application will be accepted for assessment if it appears to have been satisfactorily completed and is accompanied by a **non-refundable \$35.00 Processing Fee payment**.

The Executive Committee will notify you of the outcome of your Application, and, if successful, will send you an Annual Fee Invoice for whatever part of the subscription year remains. Then each year in June, you will be invoiced for the following financial year.

Please forward your application to:

Attention: Membership Committee
Counselling Association of South Australia Inc
PO Box 30
Kent Town SA 5071

We look forward to welcoming you into Associate Membership in CASA.



APPLICATION FOR ASSOCIATE MEMBERSHIP

The contents of this Application, when completed, are CONFIDENTIAL, and are to be viewed only by those appointed by the Counselling Association of South Australia Inc to conduct the Application Assessment and surrounding processes.
These office bearers are bound to keep all knowledge acquired in this process strictly confidential.

SECTION 1: PERSONAL DETAILS

YOUR NAME

Family Name	
Given Names	
Title	

YOUR CONTACT DETAILS

Home Address										
Postal Address										
Telephone: Home	()								
Telephone: Work	()								
Telephone: Mobile										
Email										

PROFESSIONAL REGISTERS ON WHICH YOUR NAME IS LISTED

(eg Nurses Board of South Australia, Teachers Registration Board of South Australia, South Australian Psychological Board)

Organisation	
Organisation	
Organisation	



SECTION 2: STREAM OF ENTRY

There are two different streams whereby an applicant may apply for Associate Membership of CASA. Please tick the box and complete the section details relevant to you.

I am a student enrolled in a counselling training program.

Training Provider	
Name of Training Course	
Commencement Date	
Expected Completion Date	

I have completed an appropriate counselling training course, but do not yet qualify for the Professional category of Membership.

Training Provider	
Name of Training Course	
Date of Course Completion	
Do you intend to work towards Professional Membership of CASA?	Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>

SECTION 3: WORKING TOWARDS PROFESSIONAL MEMBERSHIP of CASA (only if applicable)

In addition to Course requirements, **Training Completion** is when you reach 200 hours of Client Contact AND 50 hours of Training Supervision in or after your Course.

If you are counselling, CASA advises that you:

- maintain regular supervision with a suitably qualified supervisor at a ratio of 1 supervision hour to 4 counselling hours;
- maintain a supervision log and a client log that are signed regularly by your supervisor;
- maintain appropriate Professional Indemnity Insurance, either with the organisation you work for, or as an individual.

Place of counselling	
Position/Role held	
Current average counselling hours per week	
Name of supervisor	
Supervisor's phone number	
Supervisor's email	



SECTION 4: ETHICAL CONDUCT

Please tick 'Yes' or 'No' in response to the following question, and attach extra pages as necessary if you need to give more specific information.

Has there been a complaint of professional misconduct substantiated in relation to your work, or are there any complaints of professional misconduct currently under investigation in relation to your work?

- No
- Yes, details attached

If 'Yes', please specify:

.....

.....

.....

.....

.....

.....

.....

.....

SECTION 5: DECLARATION

I declare that:

all of the information provided in and with this Application is in all respects true; and

if accepted as an Associate Member of CASA, I agree to support the Philosophy of the Association, and abide by the Association's Constitution, and Code of Ethics.

I understand that if I breach the principles or ethics of CASA, provide false information, or fail to disclose any relevant information, that my membership of CASA will be revoked and my subscription fee withheld; and

I understand if accepted as an Associate Member of CASA that I do not have professional recognition and must not cite my association with CASA in promotional material or as a form of professional recognition.

Signed _____ Date _____