

X Attach \$35.00 Processing Fee



COUNSELLING ASSOCIATION OF SOUTH AUSTRALIA INC

**APPLICATION FOR MEMBERSHIP
PROFESSIONAL**

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



Dear Applicant

Thank you for your enquiry about membership within the **Counselling Association of South Australia**.

Inaugurated on the 31st May 1997, CASA was established to provide a professional association for counsellors and psychotherapists, and to set standards for counselling ethics and practice.

CASA is committed to best practice counselling for clients, and to the provision of professional support for practitioners.

CASA is a member association of the national body, the Psychotherapy and Counselling Federation of Australia (PACFA). The PACFA Training Standards (2009) must be met as a condition of membership of CASA

The **Application Form for Professional Membership** is designed in six sections:

- Section 1 Name and Address Details
- Section 2 Counselling Work
- Section 3 Counselling Training
- Section 4 Training Supervision and Client Contact
- Section 5 Ethical Conduct
- Section 6 Statutory Declaration
- Section 7 Checklist

CASA documents referred to in the Application including the Philosophy, Constitution, Code of Ethics and Privacy Information may be sourced on the 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. Each year in June, you will be invoiced for the following financial year from 1 July until 30 June.

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 Professional Membership in CASA.



Before you proceed with this application for Professional Membership

MINIMUM TRAINING STANDARDS

Before proceeding with this application it is important that your qualification meet the PACFA Training Standards (2009). This is a condition of eligibility for Professional Membership of CASA.

Your qualification must be either a:

- ***Undergraduate equivalent qualification*** in psychotherapy or counselling that involved:
 - a minimum of 350 hours of person-to-person training
 - over a minimum of 3 years
 - at least 10 hours of supervision and 40 client contact hours must have been included within the training program

- ***Relevant undergraduate degree plus a post graduate qualification*** in psychotherapy or counselling that involved:
 - a minimum of 200 hours of person-to-person training
 - over a minimum of 2 years
 - at least 10 hours of supervision and 40 client contact hours must have been included within the training program

In addition to this qualification you must also have documentation to verify that you have completed:

- ***200 hours of client contact*** (which can include the client contact hours included in your training course)

and

- ***50 hours of supervision*** (which can include the supervision hours included in your training course)

CASA considers that your training is not completed, and therefore you cannot be accepted as a Professional Member of CASA, until you have completed:

- A training course that meets the above minimum requirements
- 200 hours of client contact
- and 50 hours of supervision

Please do not proceed with this application unless you meet the above criteria.

If you have any questions, or are unsure if you meet these criteria, then please contact the Membership Convenor at CASA on membership@casa.asn.au to discuss.



APPLICATION FOR PROFESSIONAL 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 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: COUNSELLING WORK

YOUR CURRENT COUNSELLING WORK DETAILS

Please list all current paid and / or voluntary positions held

Organisation	
Address	
Description of Work	

Organisation	
Address	
Description of Work	

Organisation	
Address	
Description of Work	

Please write briefly about the nature of your counselling work over the past two years.

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>



SECTION 3: TRAINING

Section 3.1: Training Courses Relevant To This Application

Please list:

- all Training Courses that may be relevant to your application.
- the courses in order of completion with Training Course 1 being the most recently completed course
- if you have completed a post graduate training course in Counselling and Psychotherapy you must list, and provide details, of your undergraduate degree

	Name of Course
Training Course 1	
Training Course 2	
Training Course 3	

For each **Training Course** you have identified above, you must fill in a **Training Course Cover Sheet**, and attach copies of supporting documents.

The Training Course Cover Sheet appears on the following page.

Photocopy the Cover Sheet until you have a copy to fill in for every Training Course you have listed in the above table.

Use the Training Course Number listed in the above table to identify each Training Course on the Cover Sheets.



SECTION 3: TRAINING

Section 3.2: Training Course Cover Sheet

Photocopy enough of this Cover Sheet to provide one for every Training Course.

This Cover Sheet refers to Training Course Number	_____
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Name of Training Course	
Name of Training Institution	
Address of Training Institution	
Length of Course Full Time (Years)	
Commencement Date	
Completion Date	
Subject List	

Please indicate the total number of training hours for this specific course	
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Please attach a certified copy of the official Academic Transcript and a certified copy of the Award Certificate for this training course



SECTION 4: TRAINING SUPERVISION AND CLIENT CONTACT

For the purposes of assessing eligibility for the Professional category of membership:

A minimum of 50 hours of Training Supervision that relates to 200 hours of direct client contact must have been undertaken.

A minimum of 10 hours of Training Supervision and 40 hours of direct client contact must have been undertaken in your training program.

Note that client contact may include direct client contact, observation and co therapy. There must be no dual relationship between client and trainee. Client contact hours comprise live contact with the client only. Case presentations, supervision, note taking and role plays are not deemed client contact hours.

Training Completion is when you reach 200 hours of Client Contact AND 50 hours of Training Supervision in or after your Course

Section 4.1: Summary of Training Supervision and Client Contact

Question	Your Training	Minimum Training Hours Required for Professional Membership
Date of your Training Completion		
Client Contact hours IN Training Course		40 hours of Client Contact
Client Contact hours BETWEEN Course Completion and Training Completion		160 hours of Client Contact
Sum of above two answers		200 hours of Client Contact
Training Supervision hours IN Training Course		10 hours of Training Supervision
Training Supervision hours BETWEEN Course Completion and Training Completion		40 hours of Training Supervision
Sum of above two answers		50 hours of Training Supervision



SECTION 4: TRAINING SUPERVISION AND CLIENT CONTACT

Section 4.2: Training Supervision and Client Contact IN Course

Training Institution	Training Course	Subject Name	Hours of Supervision Logged	Hours of Client Contact in this period
Total Hours				

Evidence of the satisfactory completion of the subjects listed above must have been included in your Training History in Section 3.

Section 4.3: Training Supervision and Client Contact BETWEEN Course Completion and Training Completion

Please list all supervision experiences that may be relevant to your application. Please list the supervision in order of completion with Supervisor 1 being the most recently experienced. Do not include the supervision provided in your training course.

	Supervisor's Name	Hours of Supervision with this Supervisor	Hours of Client Contact in this period
Supervisor 1			
Supervisor 2			
Supervisor 3			
Supervisor 4			
Supervisor 5			
Total Hours			

*For each supervision experience outlined in 4.3, please fill in a separate **Supervision Details Sheet on the following page**, using the number next to the name of each supervisor.*

A certified copy of your Supervision Log(s) and Client Contact Log(s) must be attached. Your Client Contact Log(s) must have been verified (signed off) by your Supervisor.



SECTION 4: SUPERVISION AND CLIENT CONTACT

Section 4.4: Supervision Details for Training Supervision BETWEEN Course Completion and Training Completion

Photocopy enough of this Cover Sheet to provide one for each supervision experience BETWEEN Course Completion and Training Completion

This Sheet refers to Supervisor Number ____	Supervisee's Name
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SUPERVISOR'S DETAILS

Full Name										
Postal Address										
Telephone Work	()								
Qualifications										

FORMAT OF SUPERVISION SESSIONS

Type of supervision	Individual: <input type="checkbox"/>	Group: <input type="checkbox"/>
If group, how many participants		
Duration of supervision sessions		
Date supervision commenced		
Date supervision finished		
Total supervision hours with this supervisor	hours	
Total direct client hours during this period	hours	

SUPERVISOR DECLARATION

I currently have membership in the following counselling or relevant professional association. (eg a PACFA Member Association, AACC, ITAA, APS, AASW)

Association (in full) Membership Level

- I have practiced counselling for a minimum of 5 years.
- I can provide evidence of a minimum of 750 hours of post training client contact.
- I can provide evidence of a minimum of 75 hours of related post training supervision.
- I have professional indemnity insurance which includes cover for supervision.

I hereby agree that to the best of my knowledge, the details provided are true and correct.

On the basis of what I know of the Applicant's work, I know of no reason why this Applicant should not be granted Professional Membership of the Counselling Association of South Australia Inc.

Signature of Supervisor	
Date	



SECTION 5: ETHICAL CONDUCT

Please provide information about your own history of ethical behaviour by ticking 'Yes' or 'No' in response to the following questions, and attach extra pages as necessary if you need to give more specific information.

1. 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?

Yes No

If 'Yes', please specify:

.....
.....
.....
.....
.....
.....
.....

2. Do you have a criminal record, or are you currently under investigation by State, Territory, Federal or International Police? (A 'Yes' answer will not necessarily exclude you from the Membership.)

Yes No

If 'Yes', please specify:

.....
.....
.....
.....
.....
.....
.....



SECTION 6: STATUTORY DECLARATION

I, (name) _____

of (address) _____

do solemnly and sincerely declare that:

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

I know no reason why I should not practice as a counsellor or use counselling skills in my paid or unpaid work;

if accepted as a Professional Member of CASA, I agree to support the Philosophy of the Association, and abide by the Association's Constitution, and Code of Ethics;

I agree to comply with continuing supervision and professional development requirements of the Association; and

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

I accept that in the event that I breach the Constitution, the Code of Ethics, or the Philosophy of CASA, I absolve the Counselling Association of South Australia Inc of any liability or responsibility for my actions; and

I acknowledge that I have read the Association's Privacy Brochure and accept that my personal information may be used and disclosed in the manner outlined; and

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

Declared at _____ in the State of South Australia

this _____ day of _____ 20 _____

(Signature of person making the declaration)

Before me

(Signature of the qualified witness before whom the declaration is made)

(Printed name of witness)

(Printed address of witness)

(Title/Qualification of witness)

Please note:

- *A Statutory Declaration is a written statement of facts which the declarant (the person making it) signs and declares to be true.*
- *As a Statutory Declaration is a document, the contents of which are required by legislation to be declared honestly, there can be serious consequences and/or penalties at law for anybody who knowingly makes false or dishonest statements.*
- *People who are qualified to witness a Statutory Declaration in South Australia include: a Justice of the Peace, a Notary Public or other officer by law authorised to administer an oath or affirmation, members of the Police Force and bank managers.*



SECTION 7: CHECKLIST

With your completed Application please ensure inclusion of:

- Section 3.2 a **Training Course Cover Sheet** for each Training Course relevant to this Application
- Section 3.2 a certified copy of the **Academic Transcript** for each Training Course
- Section 3.2 a certified copy of the **Award Certificate** for each Training Course
- Section 4.2 a certified copy of the **Supervision Log(s)** for Training Supervision undertaken as part of a Counselling Training Course (s).
- Section 4.2 a certified copy of the **Client Log (s)** for direct client contact undertaken as part of a Counselling Training Course(s)
- Section 4.4 the **Supervision Details** for Training Supervision BETWEEN Course Completion and Training for each Supervisor relevant to this Application
- Section 4.4 a certified copy of the **Supervision Log(s)** for Training Supervision BETWEEN Course Completion and Training
- Section 4.4 a certified copy of the **Client Log (s)** undertaken and supervised by each Supervisor BETWEEN Course Completion and Training – these must be verified (signed off) by the Supervisor
- Processing Fee** of \$35.00

Please note: *If you are currently an Associate Member of CASA you will be able to access samples of Client Contact Logs and Supervision Logs by going to the Membership Section on the CASA website. These samples detail all the information that is required to meet CASA standards for Client Contact and Supervision documentation. If you are not an Associate Member of CASA, and are unsure if your Client Contact and Supervision Logs provide the information required, please contact the Membership Convenor on membership@casa.asn.au*