

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 **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.



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

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

Training is acceptable at both postgraduate and undergraduate levels in the university system, or with an equivalent qualification from other organizations.

Training courses at postgraduate (typically course work Master Degrees or Postgraduate Diplomas) need to include at least 200 contact hours over 2 years.

Training courses at undergraduate level in whatever system need to be at least 350 hours over 3 years full time study, i.e. a Bachelor Degree or its equivalent.

Note that these are hours of counselling specific and counselling related subjects. In particular, at least 100 hours of the training must be experiential.

In addition, the training must also provide students with the opportunity to complete a clinical placement involving a minimum of 40 hours of direct client contact and 10 hours of associated supervision. This will not be covered in most programs in other disciplines such as social work, social science or psychology.

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

Section 3.1 : Training Courses Relevant To This Application

Please list all Training Courses that may be relevant to your application.

Please list the courses in order of completion with Training Course 1 being the most recently completed course.

	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 supporting documentation including an official transcript of academic record and a certificate of attainment.

Please provide copies of the documentation, not the original documents.



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.

Note that direct client contact does NOT include role play or client work where there is a dual relationship.

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		
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		
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.

	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 copy of your Supervision Log(s) and Client Log(s) must be attached



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 ____	Supervisor'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.

My cover is with is valid until Policy No

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: STATUATORY 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 the **Academic Transcript** for each Training Course.
- Section 3.2 the **Graduation Certificate** for each Training Course
- Section 4.2 the **Supervision Log (s)** for Training Supervision undertaken as part of a Counselling Training Course (s)
- Section 4.2 the **Client Log (s)** for Training Supervision 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 the **Supervision Log (s)** for Training Supervision BETWEEN Course Completion and Training
- Section 4.4 the **Client Log (s)** undertaken and supervised by each Supervisor BETWEEN Course Completion and Training
- Processing Fee** of \$35.00