



X Attach \$60.00 Processing Fee



COUNSELLING ASSOCIATION OF SOUTH AUSTRALIA INC

**APPLICATION FOR CLINICAL MEMBERSHIP
For An Upgrading Professional Member**

Applicant:

Application Date:

*Please Forward Completed Documentation
paper copy without staples or electronic copy on USB or CD/DVD to:
Membership Committee: CASA PO Box 30 KENT TOWN SA 5071*



Applying for an Upgrade to Clinical Membership

As an experienced practitioner

- who has already met the requirements of 50 supervision hours relating to 200 client hours for CASA Professional Membership, and
- having now logged a further 75 supervision hours relating to a minimum of 750 client hours you are likely to qualify for admission to CASA Clinical Membership and we welcome you Application to Upgrade. There are three Pathways of eligibility (page 3). Choose the one which best fits your pattern of training and experience.

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 \$60.00 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.

The **Counselling Association of South Australia** is a well-regarded professional association for counsellors and psychotherapists established to provide professional support for practitioners, and to set standards for counselling ethics and practice. As an Association we are able to represent your interests effectively in the wider community, in the community health sector and in the deliberations of our umbrella national body, the Psychotherapy and Counselling Federation of Australia (PACFA).

Being a counsellor or psychotherapist is an honour and privilege. In our profession we are welcomed into people's lives, invariably at moments of great fragility and uncertainty. We are guides and facilitators; we partner people on difficult journeys. As a practitioner, and because of this important professional role in the care of people, we also hold tremendous responsibility. Membership of a professional body such as CASA is essential in maintaining integrity in that responsibility. Membership will connect you with the community of practitioners, all of who are seeking to fulfil their duty to others with dignity, sensitivity and professionalism.

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

*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		Title	
Given Names			
Are you a Professional Member of CASA?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If NO, then please use the Clinical Application Form for New Members available from the CASA website.	
Are you listed as a Provisional Member of the PACFA Register?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If YES, please supply a copy of your Admission Letter from PACFA (marked as Appendix A)	

YOUR CONTACT DETAILS

Home Address	If changed from our records
Postal Address– if different from above	If changed from our records
Phone	If changed from our records
Email	

YOUR COUNSELLING AND PSYCHOTHERAPY WORK DETAILS

Type of Practice	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Volunteer
Practice Name			
Practice Address			
Phone			

Type of Practice	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Volunteer
Practice Name			
Practice Address			
Phone			

PROFESSIONAL REGISTERS ON WHICH YOUR NAME IS LISTED

(e.g. Nurses Board of South Australia, Teachers Registration Board of South Australia, South Australian Psychological Board)

Organisation	If changed from our records
Organisation	If changed from our records
Organisation	If changed from our records



SECTION 2: TRAINING and QUALIFICATIONS

PATHWAY TO CLINICAL MEMBERSHIP

Pathway 1: Undergraduate Degree

- I have an **Undergraduate Equivalent** qualification in counselling or psychotherapy that I completed over a minimum of three years as a single course, and that consisted of a minimum of 350 hours of person to person counselling or psychotherapy training and a practicum/internship consisting of a minimum of 10 hours of supervision relating to 40 client contact hours
- I am a CASA Professional Member having met the training requirements as above, and the clinical component of 50 supervision hours relating to 200 client hours (including the hours undertaken as part of my training course).
- I have now completed a further 75 hours of supervision relating to 750 client contact hours.

Pathway 2: Postgraduate Degree

- I have a relevant undergraduate degree plus a **Post Graduate** qualification in counselling or psychotherapy that I completed over a minimum of two years as a single course, and that consisted of a minimum of 200 hours of person to person counselling or psychotherapy training and a practicum/internship consisting of a minimum of 10 hours of supervision relating to 40 client contact hours.
- I am a CASA Professional Member having met the training requirements as above, and the clinical component of 50 supervision hours relating to 200 client hours (including the hours undertaken as part of my training course).
- I have now completed a further 75 hours of supervision relating to 750 client contact hours

Pathway 3: Recognition of Prior Learning

- I am a CASA Professional Member having gained my Professional Membership via the RPL pathway.
- I have now completed a further 75 hours of supervision relating to 750 client contact hours

UPDATE OF QUALIFICATIONS

Highest Completed Qualification in Counselling or Psychotherapy	Title of Qualification
	Training Provider

Please Tick Appropriate Box	As I used this Qualification to gain CASA Professional Membership, CASA has a copy of my Academic Transcript and Degree Award Parchment	
	<p>I have completed this Qualification since joining as a CASA Professional Member, and I therefore include a certified copy of both my Academic Transcript and Award Parchment (<i>marked as Appendix B</i>)</p> <p><i>Please Note: A certified copy is a copy of the original document that has on it an endorsement that it is a true copy of the original document. It is to be certified by a person who is authorised as a witness for Statutory Declarations.</i></p> <p><i>People who are qualified to witness a Statutory Declaration in South Australia include: a Justice of the Peace, a Legal Practitioner, a Medical Practitioner, a Chartered Accountant, a Chiropractor, a Dentist, a Registered Marriage Celebrant, members of the Police Force, and Bank and Credit Union Managers.</i></p>	



SECTION 3: SUPERVISION AND CLIENT CONTACT

Hours of Supervision and Client Contact Required

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

- in addition to meeting the requirements for Professional Membership of 50 hours of supervision relating to 200 client hours,
- a further 75 hours of supervision relating to 750 client contact hours are to have been completed.

What Client Work is Accepted?

For the purposes of this application client work does not include role-play or client work where there is a dual relationship.

What Clinical Supervision is Accepted?

Supervision may, for the purposes of this application, take the form of individual or small group sessions (a maximum of six supervisees and a supervisor). It is not the same as administrative or management supervision, nor is it the same as engaging in personal counselling or psychotherapy.

Peer supervision is not accepted for the purposes of this application, and CASA does not accept supervision in dual relationships.

Who Is Eligible to Provide Post-Training Supervision?

For the purposes of this application, to provide post-training supervision the supervisor must be an experienced practitioner in counselling or psychotherapy, or in related fields such as psychology or social work with a minimum of five years of practice experience having themselves:

- accrued a minimum of 750 hours of post training client contact.
- undertaken a minimum of 75 hours of related post training supervision
- professional indemnity insurance (Individual or Organisational) for the provision of supervision, and
- membership in their relevant professional association.

Providing Evidence of Your Supervision and Client Contact

Supervision and client hours listed in this Application must be supported by documentary evidence.

The evidence may consist of:

- the Supervisor Confirmation (available on the next page – this is the preferred evidence – please make additional copies as required), or
- supervision and client logs signed by the supervisor, or
- other supervision and client hours records that are signed by the supervisor(s).



SECTION 3: SUPERVISION AND CLIENT CONTACT

Appendix C

<p>Supervisor Confirmation</p> <p><i>Confirmation of supervision is required for the person named below in support of his/her application for Clinical Membership of CASA.</i></p> <p><i>Supervisors are also kindly requested to provide details relating to their practice. Please return to supervisee for inclusion with CASA Application</i></p>

Applicant's Name	
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To be completed by the Applicant's Supervisor

SUPERVISOR'S DETAILS

Supervisor's Name			
Contact Phone		Email	
Related Qualifications			

DETAILS OF SUPERVISION SESSIONS WITH THE SUPERVISEE

Type of supervision	Individual: <input type="checkbox"/>	Group: <input type="checkbox"/>
If group, how many participants		
Date supervision commenced		
Ongoing	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If not ongoing, the date supervision finished		
Total supervision hours in this period		
Total direct client hours relating to this supervision		

- I currently have membership in the following counselling or relevant professional associations.
(e.g. a PACFA Member Association, AACC, ITAA, APS, AASW)
Association (in full)
- I have practised counselling for a minimum of 5 years.
- I have undertaken a minimum of 750 hours of post training client contact.
- I have undertaken a minimum of 75 hours of related post training supervision.
- I have professional indemnity insurance that includes cover for supervision.

The details reported on this page give an accurate description of our Supervision arrangements.

The applicant has demonstrated a capacity to work autonomously, and I see no obstacle to awarding this applicant Clinical Membership of the Counselling Association of South Australia.

Signature of Supervisor		Date	
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SECTION 3: SUPERVISION AND CLIENT CONTACT

SUPERVISION AND CLIENT CONTACT UNDERTAKEN

	Name of Supervisor	Hours of Supervision With This Supervisor	Hours of Client Contact Related to this Supervision
Supervisor: 1			
Supervisor: 2			
Supervisor: 3			
Supervisor: 4			
Supervisor: 5			
Supervisor: 6			
Total Hours			

Documentary Evidence of your Supervision and Client Contact (*marked as Appendix C*) must be attached. (Refer page 4 for eligible evidence)

If more than one Supervisor has been used please mark the Appendices as C1, C2 etc to correlate with the above listing.

Please ensure that the evidence provided is single sided and not stapled.

If Logs are provided please provide a front page summary sheet that details the number of hours per page

I Declare That	<input type="checkbox"/> This client contact listed above does not include the hours of client contact used to gain CASA Professional Membership <input type="checkbox"/> This client contact has been supervised by a supervisor who meets CASA's eligibility to supervise
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SECTION 4: PROFESSIONAL INDEMNITY INSURANCE

Whilst the holding of Professional Indemnity Cover is not essential for CASA membership it is necessary for practising members.

- I am in private practice and attach **a copy of my certificate of currency** from my Insurer. (*Label as Appendix D*)
- I am not in private practice and attach **a copy of a letter from my employer** stating I am covered by their professional indemnity policy to practise as a therapist. (*Label as Appendix D*)

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.

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? (A 'Yes' answer will not necessarily preclude you from membership)
 Yes No
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 preclude you from membership.)
 Yes No

Please attach extra pages as necessary if you wish to give more specific information in relation to the items above.

3. I acknowledge that for ongoing Clinical Membership of the Association I am required to participate in appropriate supervision and professional development activities, and to complete every membership year (July – June):
 - a. a minimum of 10 hours of supervision linked to counselling practice accrued in accordance with the Association's Supervision Policy, and
 - b. a minimum of 40 points in other professional development activities accrued in accordance with the Association's Continuing Professional Development Policy. Yes No



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 practise as a counsellor or psychotherapist in my paid or unpaid work;

I agree to continue to support the Philosophy of the Association, and abide by the Association's Constitution, By-Laws 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 By-Laws, 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 that 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 Legal Practitioner, a Medical practitioner, a Chartered Accountant, a Chiropractor, a Dentist, a Registered Marriage Celebrant, members of the Police Force and Bank and Credit Union Managers.



SECTION 7: SENDING US YOUR APPLICATION

Please read carefully and check all relevant boxes before submitting your application.
Incomplete and/or applications lacking the required documentation will be returned.

DO NOT USE STAPLES

- Section 1: if applicable, a copy of my **Letter from PACFA** advising that I have been granted Provisional Listing on the PACFA National Register. *(Label as Appendix A)*
- Section 2: a certified copy of the **Academic Transcript** for a Training Course completed since joining CASA as a Professional member. *(Label as Appendix B)*
- Section 2: a certified copy of the **Award Parchment** for a Training Course completed since joining CASA as a Professional member. *(Label as Appendix B)*
- Section 3: documentary evidence for **supervision and client work** undertaken for eligibility for Clinical membership. *(Label as Appendix C1, C2, C3 etc)*
- Section 4: a copy of my **Certificate of Currency** from my Insurance Provider.
(Label as Appendix D)
- Section 4: a copy of a **Letter from My Employer** describing their Indemnity Cover of me. *(Label as Appendix D)*
- Section 5: a letter detailing an **Ethical Matter**. *(Label as Appendix I)*
- Section 6: the appropriately signed **Statutory Declaration**
- I have **enclosed copies** of all relevant supporting documentation.
- I have **clearly labelled** each document as an Appendix and placed in the above order.
- I have enclosed the **Processing Fee** of \$60.00.

We accept cheque, money order, MasterCard and Visa card payments.

Please write cheques to 'CASA' and put your surname on the back.

Call 08 8331 2255 to make a card payment.

If we accept your payment, that does not mean you have been granted the Upgrade. Your Processing fee is non-refundable.

Please attach the cheque or money order to the **front page of this application form**.

Post your application package to CASA, using the address below. We will let you know that we have received your application.

We will not return your application, so you should make a copy of your application for your own records.

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