

X Attach \$60.00 Processing Fee



COUNSELLING ASSOCIATION OF SOUTH AUSTRALIA INC

**APPLICATION FOR MEMBERSHIP
INTERN**

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



Dear Applicant

Intern Membership of the **Counselling Association of South Australia** is open to those who have completed a counselling or psychotherapy qualification that meets CASA requirements, have graduated or are eligible for graduation. They have completed the requirement of a minimum of 10 hours of supervision relating to 40 hours of client work within the training course. They are now working towards completing the clinical component of 50 supervision hours relating to 200 client hours to fulfil their training requirements and qualify for Professional Membership. Intern Membership is available for a maximum of three years.

CASA 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.

Intern Members are entitled to a valuable range of benefits. These include free attendance at three professional development workshops each year, involvement in networking opportunities, assistance and advice around practice and ethical issues, and the use of the post-nominal, CASA (Intern).

The **Application Form for Intern Membership** is designed in seven sections:

- Section 1 Name and Address Details
- Section 2 Counselling or Psychotherapy Training
- Section 3 Supervision and Client Contact
- Section 4 Professional Indemnity Insurance
- Section 5 Ethical Conduct
- Section 6 Statutory Declaration
- Section 7 Checklist

CASA documents referred to in the Application including the Training Requirements, Philosophy, Constitution, Code of Ethics, Privacy Information, Supervision Policy and Continuing Professional Development Policy 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.

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



APPLICATION FOR INTERN 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		Title	
Given Names			

YOUR CONTACT DETAILS

Home Address	
Postal Address– if different from above	
Phone	
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	

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	
Organisation	
Organisation	



SECTION 2: TRAINING and QUALIFICATIONS

Tick relevant boxes

Undergraduate Pathway

- I have an **Undergraduate Equivalent** qualification 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
- Within the training program referred to above I completed a minimum of 10 hours of supervision relating to 40 client contact hours

List Your Relevant Qualification

Qualification: Undergraduate Pathway	
Name of Undergraduate degree (or equivalent) in counselling or psychotherapy	
Training Provider	

A certified copy of the official Academic Transcript and the Award Parchment is to be attached for the listed Qualification (marked as Appendix A)

OR

Postgraduate Pathway

- I have a university or government accredited **Postgraduate** qualification in counselling or psychotherapy that I completed over a minimum of two years
- Within this training program referred to above I completed a minimum of 10 hours of supervision relating to 40 client contact hours

List Your Relevant Qualifications

Qualification: Postgraduate Pathway	
Undergraduate degree (in whatever discipline) that enabled you to undertake a postgraduate qualification	
Training Provider	
Name of Postgraduate qualification in counselling or psychotherapy	
Training Provider	

A certified copy of the official Academic Transcript and the Award Parchment is to be attached for each Qualification listed (including Undergraduate), to be marked as Appendix A.

*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.*

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 3: SUPERVISION AND CLIENT CONTACT

Hours of Supervision and Client Contact Required

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

- a minimum of 10 hours of supervision that relates to 40 hours of client work must have been undertaken within your training course, and
- you are now actively working towards completing your clinical component of 200 client hours and 50 related supervision hours (including the hours undertaken as part of your training course) to fulfil the training requirement, and
- you have not yet completed the clinical component required for Professional Membership.

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.

For supervision and client work undertaken **as part of a Training Course** the evidence may consist of:

- a summary statement provided and signed off by the Training Course that outlines the hours undertaken, or
- a summary statement provided and signed by the supervisor(s), or
- supervision and client logs signed by the supervisor or course co-ordinator.



SECTION 3: SUPERVISION AND CLIENT CONTACT

SUPERVISION AND CLIENT CONTACT UNDERTAKEN AS PART OF A TRAINING COURSE

Name of Practicum Course within your Training Program	Name of Practicum Course Coordinator	Hours of Supervision Logged	Hours of Client Contact in this period
Total Hours			

You are required to provide evidence of a minimum of 10 hours of supervision linked to 40 hours of client contact undertaken during training *marked as Appendix B* (Refer to page 4 for eligible evidence)

SUPERVISION AND CLIENT CONTACT UNDERTAKEN FOLLOWING TRAINING

towards meeting the 50 hours of supervision that relate to a minimum of 200 hours of client contact required for Professional membership

- I am currently practising as a counsellor (paid or voluntary)
- I have a **current contract** with a clinical supervisor as detailed below:

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		



SECTION 4: PROFESSIONAL INDEMNITY INSURANCE

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

- I am in private practice and attach **a copy of my certificate of currency** from my Insurer. *(Mark as Appendix C)*

- 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. *(Mark as Appendix C)*



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 counselling practice?
 Yes No
2. 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
3. Have you been dismissed from or refused membership of a Professional Association because of reports of professional misconduct?
 Yes No
4. 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 the Membership.)
 Yes No

*Please provide details if you have answered **yes** to any of the above questions. This will not necessarily prevent you from becoming a member of CASA.*

5. I accept that in working towards completing the clinical component of 50 supervision hours relating to 200 client hours I am fulfilling my training requirements for professional practice.
 Yes No
6. I accept that as an Intern it is appropriate that all my clients are made aware of my intern status.
 Yes No
7. I accept that CASA Intern Membership is available for a maximum of three years.
 Yes No
8. I acknowledge that for ongoing Intern 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 use counselling skills in my paid or unpaid work;

if accepted as an Intern 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 Policy 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

- Official Certified copy of Academic Transcript** for each Qualification (*Label each as Appendix A*)
- Official Certified copy of Award Certificate** for each Qualification (*Label each as Appendix A*)
- Copy of Evidence** for supervision and client work undertaken as part of a Counselling or Psychotherapy Training Course (*Label each as Appendix B*)
- Certificate of Currency** from Insurance Provider OR Letter from Employer describing their Indemnity Cover (*Label each as Appendix C*)
- I have **enclosed copies** of all relevant supporting documentation, including certified copies where required.
- I have **clearly labelled** each document as an Appendix and placed in the above order.
- 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 membership. 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 (paper-based or electronic) 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.

If your Counselling or Psychotherapy training was not a Training Course accredited by PACFA we may require additional information regarding the training.

Please Post To

Membership Committee: CASA PO Box 30 KENT TOWN SA 5071