

X Attach \$35.00 Processing Fee
for current Intern Members



COUNSELLING ASSOCIATION OF SOUTH AUSTRALIA INC

**APPLICATION FOR PROFESSIONAL MEMBERSHIP
For An Upgrading Intern 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



Dear Applicant

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).

Professional Membership of CASA is open to those who have completed both a counselling or psychotherapy qualification that meets CASA requirements (refer to the PACFA Training Standards, 2014) and the clinical component of 50 supervision hours relating to 200 client hours required to fulfil training requirements.

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 fulfill their duty to others with dignity, sensitivity and professionalism.

CASA Professional 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, MCASA(Professional).

The **Application Form for Upgrading from Intern to Professional Membership** is designed in six sections:

- Section 1 Name and Address Details
- Section 2 Supervision and Client Contact
- Section 3 Professional Indemnity Insurance
- Section 4 Ethical Conduct
- Section 5 Statutory Declaration
- Section 6 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.

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		Title	
Given Names			
Are you an Intern Member of CASA?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If NO, then please use the Professional Application Form for New Members available from the CASA website.

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			

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: SUPERVISION AND CLIENT CONTACT

Hours of Supervision and Client Contact Required

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

- in addition to the minimum 10 hours of supervision that relates to 40 hours of client work undertaken within your training course,
- you have now completed your clinical component of a total of 200 client hours and 50 related supervision hours (including the hours undertaken as part of your training course).

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 **following the Training Course** 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 2: SUPERVISION AND CLIENT CONTACT

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

Applicant's Name

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

Table with supervision details: Type of supervision, Individual/Group checkboxes, Date supervision commenced, Ongoing/Yes/No checkboxes, Total supervision hours, Total direct client hours.

- Checkboxes for membership in associations, 5 years practice, 750 hours client contact, 75 hours supervision, and indemnity insurance.

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



SECTION 2: SUPERVISION AND CLIENT CONTACT

SUPERVISION AND CLIENT CONTACT UNDERTAKEN FOLLOWING TRAINING

	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			
Total Hours			

Documentary Evidence of your Supervision and Client Contact (marked as Appendix A) must be attached. (Refer page 3 for eligible evidence)

If more than one Supervisor has been used please mark the Appendices as A1, A2 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*



SECTION 3: 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. *(Mark as Appendix B)*
- 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 B)*

SECTION 4: 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.*



SECTION 5: 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 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 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 6: 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

- Copy of Evidence** for supervision and client work undertaken following completion of your Training Course signed by your Supervisor. *(Label as Appendix A)*
- Certificate of Currency** from Insurance Provider OR Letter from Employer describing their Indemnity Cover *(Label each as Appendix B)*
- I have **enclosed copies** of all relevant supporting documentation.
- I have **clearly labelled** each supporting document as an Appendix and placed in the above order.
- Processing Fee** of \$35.00 for a current CASA Intern member)
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