

## Preamble

ACA Professional Colleges have been designed to acknowledge counsellors and psychotherapists who have undertaken specialised training in specific areas of mental health. Only those who meet the high standards of ACA will be eligible for College membership. College membership reflects the pinnacle of professional training and delivery by the therapist and reassures the consumer that specialists who are registered with the appropriate college have met the high standards required of specialists.

**Pre-requisite to join the ACA College of Supervisors: Must be a minimum level 2 member of ACA and must have a minimum of 3 years experience in supervised practice with a minimum of 50 hours of accrued supervision hours**

ACA College of Supervisors (COS): ACA has reciprocal agreements with the Psychotherapists and Counselling Association of Singapore (APACS). Full members of APACS should contact the ACA head office for eligibility criteria. All other applicants to the College of Supervisors must meet the following requirements:

### Requirements for specialist level "Supervisor".

- Completed an ACA approved Supervision qualification or equivalent
- Must be a current financial Level 2 or above ACA Member
- Must have 3 years post qualification supervised practice with a minimum of 50 hours of accrued supervision with ACA.
- Complete 25 Points of ACA approved Ongoing Professional Development per annum of which a minimum of 10 hours must be directly related to the College.
- Undertake regular supervision as a supervisor and Complete a minimum of 10 hours of supervision for supervisors per membership year.

### Documentation Required for Application

- Copy of your Supervision Qualification Certificate
- Copy of Current Insurance Certificate of Currency
- Statutory Declaration stating the following

"I do solemnly and sincerely declare that all statements made by me in the ACA College of Supervisors admittance application, are true and correct in every particular, and all qualifications, client contact hours and supervision quoted therein, and all other documents attached to this ACA COS admittance application are capable of independent verification"

### Conduct: All applicants must complete the following questions

A "yes" answer to any of the following will not necessarily preclude you from registration/membership. If you answer "no" to any of the following and it is found at a later date you have misled ACA you will be deregistered immediately. Please circle either yes or no to each question to indicate your situation. All information will be kept confidential. Please supply full details of any question where you have circled "yes".

1. Are there any complaints of professional misconduct currently under investigation in relation to your current or past work? **Yes / No**
2. Are you aware of any formal complaints made against you? Either in relation to your practice as a counsellor or any other previous profession to any other professional association, registration board or a government authority such as a Health Rights Commissioner at any time, regardless of them being actioned or the outcome? **Yes / No**
3. Have you ever been refused entry/admission to a Professional Association or a registration board because of reports of professional misconduct? **Yes / No**
4. Have you ever been dismissed/deregistered or had action brought against you from a professional body, association or registration board due to a complaint made against you? **Yes / No**
5. Have you been convicted of a criminal action/s? **Yes / No**
6. Are you currently under investigation by State, Territory or Federal Police? **Yes / No**
7. Have you ever had an application to work with Children refused? **Yes / No**
8. Has your membership to a Professional Body ever been cancelled for breaches to its constitution? **Yes / No**

*If you answered 'Yes' to any of the above questions please attach a statement outlining the details including any findings, court outcomes and/or penalties.*

## Declaration

All applicants to fill in Membership Agreement and have their signature witnessed:

I, (print name) \_\_\_\_\_, agree to:  
abide by the Objectives, Code of Conduct, disciplinary code and regulations of the Australian Counselling Association Inc and the Professional College of Supervisors (COS), not engage or participate in any activity that undermines the good standing of ACA, its staff, COS or corporate sponsors without first formally approaching ACA to reconcile any perceived issues.

- Give my permission if I indicated on this application for my name to be placed on the COS Register that is accessible to the public.
- Receive the electronic COS Ezine including limited blasts from corporate sponsor.
- My details to be placed on the Find A Supervisor data base if applicable.
- Any authorised representative of ACA to contact my supervisor or any other person whom I have nominated to support this application, for verification purposes.

I also swear that the information provided in this application is accurate and true at the date of signing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness to your signature to print name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

***Only Supervisors with a current certificate of insurance will be placed on the COS referral database, please ensure a copy of your insurance is attached to this application.***

### Personal Details

Full Name  Date of Birth  /  /

Residential Address

Suburb  State  Postcode

Country: International Applicants

Postal Address

Suburb  State  Postcode

Mobile #  A/H  B/H

Email Address

Hourly Rate (Include Individual rates, Group rates; discounted rates etc)

Medium Services (You may tick more than one): Face to Face  Phone  Group  Skype

Have you completed certificate in either Individual supervision, Group Supervision or Both:

Individual  Group  Both

### Payment Details - \$150 per annum

Membership Number  Current Membership Level

Please debit my credit card to the value \$150.00

MasterCard  Visa

Credit Card Number

Expiry Date  /  CCV

Name of cardholder:

Signature of cardholder:

Return application via email: [admin@theaca.net.au](mailto:admin@theaca.net.au) or via mail: PO Box 88, Grange Qld 4051