



2015-2016 Renewal Notice for Active Life Member

Your membership to the Counsellors and Psychotherapists Association of NSW Inc. is now due for renewal.

To complete your CAPA NSW renewal, please print this renewal and then fill out carefully your contact details on page 2. Complete all the other declaration details.

Options for sending the renewal back to the office are as follows:

1. Scan and email the completed renewal to office@capa.asn.au. Please note: If you are scanning and sending your documents please ensure your writing is clear and the pages are sent as one document, not individual pages.
2. Post your completed renewal by normal or overnight express post only, to the CAPA NSW office by **30th June 2015**.

Use your CAPA ID on all correspondence and as your BPAY reference number for BPAY payments.

If you pay by BPAY, your renewal is priority processed. Cheque, credit card and money order payments will take longer to process.

Please remember, **DO NOT SEND** supporting paperwork, only the 3 pages which form this document by **30th June 2015**. Only those who are not registered with PACFA and whose surname falls between A to G will be contacted by the Membership Coordinator for additional documents. Members are reminded that they will need to keep all supporting documents, i.e. supervisors declarations/letters, professional development certificates, insurance details in a folder for future audits.

Please keep a copy of your completed renewal form for your records.

If you need further information about Membership we recommend you go to the membership section of our new website <http://www.capansw.org.au/membership>

What happens if you do not renew your membership by 30 June 2015?

- A renewal post marked after June 30th 2015 to 15th August will incur a \$100.00 late fee.
- A renewal postmarked between the 16th August to 31st August will incur a reinstatement fee of \$200 (this includes the \$100 late fee).

We look forward to your renewal and if we can be of assistance please do not hesitate to contact us via email at membershipcoordinator@capa.asn.au

Note: If for some reason you need to visit the CAPA NSW office during the year, please contact the office to make an appointment.

Yours sincerely,

Barry Borham



Change of Private Contact Details

Please check your current contact details and write in any changes.

	Current	Change
Full name		
Preferred call name (Dear)		
Postal Address		
Work phone		
Home phone		
Mobile phone		
Email address		

Practitioner Declaration

Supervision and Client contact

During the period 1st June 2014 to 31st May 2015, or during the period of supervision.....

I have engaged inhours supervision andhours of client contact.

Professional Development

During the period 1st June 2014 to 31st May 2015

I have engaged in points of professional development activities.

Professional Indemnity Insurance

I am currently covered by professional indemnity insurance. Yes No

Ethics Declaration

I have read and agree to abide by the Code of Ethics and Good Practice for CAPA NSW. To view these documents go to: <http://capansw.org.au/about-capa/codes/capa-code>

I also agree that the Membership Committee of CAPA NSW may verify, by means of the tri-annual audit, the information provided by me in the Membership Renewal Application Form and if selected I will be notified in advance of the date by which I will be required to submit the information and given 3 weeks to submit all documentation.

I declare that all the information provided on this form is true and correct and I understand that any failure to make a full and accurate disclosure in this declaration may lead to denial or termination of my membership.

Practice declaration

I hereby declare I am currently practising as a

Counsellor Psychotherapist

Signed Date



Contact Details for Publication

CAPA NSW will use the information you provide below for a number of public uses including:

- publishing on the CAPA NSW website,
- in response to direct enquiries from the public, medical practitioners etc.

Please ensure that your details are correct and suitable for these purposes.

	Current	Change
Name		
Title (eg. Counsellor)		
Locality		
Phone		
Mobile		
Email		
Website		
Languages spoken		
Practice description		

Return this sheet with your documentation.