



2015-2016 Renewal Notice for Provisional Member

If you have joined CAPA NSW in the last few months, please check your 'Welcome New Member' letter, or email membershipcoordinator@capa.asn.au for your 'valid to' date.

If your membership is valid to 1st July 2016, then you do not need to fill out this form..

If you haven't done so already, please go to:

<http://capansw.org.au/membership/renew-your-membership> under the heading, 'Audit Guidelines', to read about the changes to the renewals process.

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 with your payment (or proof of payment in the form of receipt reference number if paying by BPAY) 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 4 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).
- After the 1st September you will have to reapply as a new member.
- Lapsed members need to reapply under the current requirements for membership, with no recognition of prior status as a CAPA NSW member.

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
President



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 inpoints 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.



2015 - 2016 PROVISIONAL RENEWALS - PAYMENT CALCULATION SHEET

PLEASE NOTE: RENEWALS WILL ONLY BE PROCESSED UP UNTIL 31ST AUGUST AFTER WHICH TIME THE MEMBER WILL HAVE TO REAPPLY FOR MEMBERSHIP AND MEET CURRENT STANDARDS OF TRAINING REQUIREMENTS WITH NO RECOGNITION OF PRIOR MEMBERSHIP STATUS.

Name:

Date:

A. Membership Fee

Select one:

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------|----------------------------------------------|-------|--------------------------------------------|-------|
| Identify the level of membership you are renewing or to which you are regrading. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Clinical Renewal</td> <td style="text-align: right;">\$465</td> </tr> <tr> <td><input type="checkbox"/> Provisional Renewal</td> <td style="text-align: right;">\$465</td> </tr> <tr> <td><input type="checkbox"/> Affiliate Renewal</td> <td style="text-align: right;">\$275</td> </tr> </table> | <input type="checkbox"/> Clinical Renewal | \$465 | <input type="checkbox"/> Provisional Renewal | \$465 | <input type="checkbox"/> Affiliate Renewal | \$275 |
| <input type="checkbox"/> Clinical Renewal | \$465 | | | | | | |
| <input type="checkbox"/> Provisional Renewal | \$465 | | | | | | |
| <input type="checkbox"/> Affiliate Renewal | \$275 | | | | | | |
| <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>To regrade to another level of membership go to www.capansw.org.au and download the correct regrade form or contact membershipcoordinator@capa.asn.au</i> </div> | <p>and if this is a regrade Add</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Regrade fee</td> <td style="text-align: right;">\$ 75</td> </tr> </table> | <input type="checkbox"/> Regrade fee | \$ 75 | | | | |
| <input type="checkbox"/> Regrade fee | \$ 75 | | | | | | |
| Membership Fee due | | | | | | | |

B. Penalties for Late Payment

Select one:

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|-------------------------------------------|-------|----------------------------------------------------------------|-------|
| Renew before 30th June Renewals postmarked between 1 st Jul & 15th Aug Renewals postmarked between 16th Aug & 31st Aug | <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> No Fee</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td><input type="checkbox"/> Late Payment Fee</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement Fee (includes Late Fee)</td> <td style="text-align: right;">\$200</td> </tr> </table> | <input type="checkbox"/> No Fee | \$ 0 | <input type="checkbox"/> Late Payment Fee | \$100 | <input type="checkbox"/> Reinstatement Fee (includes Late Fee) | \$200 |
| <input type="checkbox"/> No Fee | \$ 0 | | | | | | |
| <input type="checkbox"/> Late Payment Fee | \$100 | | | | | | |
| <input type="checkbox"/> Reinstatement Fee (includes Late Fee) | \$200 | | | | | | |
| <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> After 31st Aug – DO NOT PROCEED <i>Download the latest Membership Application form from www.capansw.org.au to re-apply for membership</i> </div> | <p>Late Payments due </p> | | | | | | |

C. Payment Surcharge

Select one:

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|------|------------------------------------------------|--|--|------|
| <i>There is a surcharge for all credit card payments.</i> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> BPAY</td> <td><input type="checkbox"/> Cheque</td> <td><input type="checkbox"/> Money Order</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td><input type="checkbox"/> Credit Card Surcharge</td> <td colspan="2"></td> <td style="text-align: right;">\$ 5</td> </tr> </table> | <input type="checkbox"/> BPAY | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order | \$ 0 | <input type="checkbox"/> Credit Card Surcharge | | | \$ 5 |
| <input type="checkbox"/> BPAY | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order | \$ 0 | | | | | | |
| <input type="checkbox"/> Credit Card Surcharge | | | \$ 5 | | | | | | |
| Surcharge due | | | | | | | | | |

Total due (incl. GST) A + B + C

Payment Options. Upon renewal you will be issued a Tax Receipt.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Telephone & Internet Banking – BPAY® Registered to BPAY Pty Ltd ACN 079 137 518. Record your BPAY receipt number here..... Attach proof of payment & print out of receipt | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px;"> Biller Code: 212654 Reference No: </div> </div> <p style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">ENTER YOUR 5 DIGIT CAPA ID AS THE BPAY REF NO.</p> |
| 2. Credit Card Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard Expiry Date MM/YYYY: / Card No: <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> Cardholder's Name: Signature: | |
| 3. Cheque (payable to "CAPA") Cheque N°:..... Drawer: BSB: Account N°:..... | 4. Money Order Money Order N°: |

Send the completed Membership Renewal Form and payment details to CAPA NSW Inc.