



**Counsellors and Psychotherapists Association of
New South Wales Incorporated
ABN 50 035 123 804**

Application to Regrade from Student To Provisional Clinical Membership

Use this form when applying for a regrade from Student to Provisional Clinical membership with the Counsellors and Psychotherapists Association of New South Wales.

You will need to provide information and documentation that will enable the officers of the association to assess your application. Instructions are provided throughout to assist in completing the application. Should you require any further assistance, please contact:

The Membership Coordinator at membershipcoordinator@capa.asn.au

Member:

Application date:

Regrade applications can take between 2-4 weeks to process

Please send the completed Regrade Application Form with payment to:

Counsellors and Psychotherapists of New South Wales
Level 13, Suite 134, 183 Macquarie Street, Sydney NSW 2000

Email: membershipcoordinator@capa.asn.au

Phone: (02) 9235 1500

Website: www.capansw.org.au

April 2015



Table of Contents

From the President	3
Rights, Responsibilities and Benefits	3
Requirements for Membership of CAPA NSW Inc.	4
Provisional Clinical Membership	4, 5
Special Leave.....	6
Policies Governing Membership Applications	6
Accredited Courses	6
Supervision & Qualified Supervisors	6
Privacy.....	6
Personal Details	7
Provisional Clinical Membership Application	8
Professional Indemnity Insurance.....	8
Work Practice Details.....	8
For Clinical Members Only – Contact Details for Publication	9
Training Course Detail Sheet	10
Counselling and Supervision History	11
Supervision Details Sheet	12
Ethics and Membership of CAPA NSW Inc.	12
Code of Ethics and Good Practice	13
Questionnaire on Ethical Conduct	14
Ethics Declaration	10
Statutory Declaration	16
Membership Fees	17
PACFA listing procedure	18,19
Final Check List	20



From the President

Rights, Responsibilities and Benefits

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, and at times with great humility.

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 CAPA NSW Inc. is essential in maintaining integrity in that responsibility.

Membership connects you with the community of practitioners, all of whom are seeking to fulfil their duty to others with dignity, sensitivity and professionalism.

Clinical Members are entitled to a range of rights and benefits. These include attendance at professional development evenings; voting rights at annual and special meetings; assistance and advice around practice and ethical issues; Clinical Membership certificate; eligibility to apply for PACFA registration; eligibility to list on the CAPA NSW Inc. website; The CAPA e-News; and use of the post-nominal, CMCAPA.

Provisional Clinical Members are entitled to a valuable range of benefits. These include attendance at professional development evenings; attendance at annual and special meetings but without voting rights; assistance and advice around practice and ethical issues; Provisional Clinical Membership certificate; eligibility to apply for PACFA registration; eligibility to list on the CAPA NSW Inc. website; The CAPA e-News; and the use of the post-nominal, PCMCAPA.

Affiliate Members are entitled to a lesser range of rights and benefits in accordance with their 'non-active' status. These include attendance at professional development evenings; voting rights at annual and special meetings; assistance and advice around practice and ethical issues; The CAPA e-News.

For more benefits please 'Benefits of Membership' at:

<http://capansw.org.au/membership/benefits-of-membership>



Requirements for Membership of CAPA NSW Inc.

Provisional Clinical membership preceding Clinical membership

Provisional Clinical Membership is open to any trained practitioner who has completed training and is working towards Clinical membership, but has not yet accumulated the required practitioner hours and supervision time in order to become a Clinical member.

Currently, the annual fee for Clinical members is \$465, the regrade fee \$75 and the minimum requirements for Intern membership are:

Training, counselling and supervision:

The member is eligible to regrade as long as they have completed the training that they were engaged in when they joined CAPA NSW.

The member is eligible to regrade as long as they hold a qualification which is equal or equivalent to or is higher than a 2 Year Diploma or Advanced Diploma.

Members who hold a qualification that is equal or equivalent to a 2 Year Diploma or Advanced Diploma may not be eligible to list with The Psychotherapy and Counselling Federation of Australia (PACFA) on the register and may have to apply to PACFA by way of Recognition of Prior Learning (RPL), when they have met RPL requirements (See PACFA website for details).

Listing on the PACFA register requires that 'Register Training standards' are met. Members who have joined CAPA NSW may only meet 'CAPA Training standards' or 'PACFA Training Standards' at the time of entry to the association, which are different to 'Register Training standards'.

'During training' and 'Post training' client contact hours able to be credited toward Intern Membership.

Hours of face to face client contact and supervision that can be credited toward Provisional Clinical Membership are in total 50 hours of supervision which relate to 200 hours of client contact. 10 hours of the 50 hours of supervision and 40 hours of the 200 hours of client contact, must have been completed during the training period.

If the Member has attained a minimum 125 hours of supervision which relate to 950 hours of client contact, with 75 hours of supervision which relate to 750 hours of client contact being completed post training and in over a greater time period than 2 years post training, then they would be eligible for a Regrade to Clinical Membership. (See Regrade to Clinical Membership form).

Hours of face to face client contact and supervision that can be credited toward Clinical membership are those which are completed after the initial 50 hours of supervision, relating to 200 hours of client contact. Individual, group and peer supervision hours can be counted towards the Regrade to Clinical, as long as the member has been actively practicing for 5 years when submitting peer supervision hours.

Any hours above the 50 hours of supervision, relating to 200 hours of client contact, which are completed during training, prior to face to face lessons being completed, cannot be counted as post training hours, but will be counted as during training hours.

'Post-training' is considered to be when face-to-face teaching hours and total supervision hours relating to client contact hours have been completed.

If the Member regrades twice within any 12 month period, then they will only pay the regrade fee (currently \$75) once in that 12 month period.

Listing with the Psychotherapy and Counselling Federation of Australia (PACFA)

Provisional Clinical members are eligible to list with PACFA, as long as they meet training standards requirements and register standard requirements with regard to recognised training and have fulfilled minimum practicum hours, i.e. 50 hours of supervision, relating to 200 hours of direct client contact.

A further 75 hours of supervision, relating to 750 hours of direct client contact post training would be required to list as a clinical registrant. These additional hours would have been completed over a period of 2 years or more.

'Post-training' is considered to be when face-to-face teaching hours and total supervision hours relating to client contact hours have been completed.

Initial listing with PACFA will require the applicant to register via PACFA's Online Portal.

For more information go to: <http://capansw.org.au/membership/pacfa>

The PACFA annual fee is covered in the CAPA NSW membership renewal fee.

Please refer to page 18 of these forms if you are seeking a listing.

Supervision: Supervision during the training period must comprise at least 10 hours and meet the minimum requirement for supervision during the training period i.e. 10 hours of supervision which relates to 40 hours of client contact.

A minimum 5 hours of the minimum 10 hours must come from individual supervision.



Any supervision that takes place after the completion of specialised counselling training can include both individual and group supervision.

Group supervision: Is acceptable where the group consists of a maximum of six (6) participants and runs for a minimum of two (2) hours per supervision.

Attendees receive one (1) hour of supervision for every one (1) hour in attendance.

Peer supervision: Is not acceptable when submitting the hours for the regrade to Provisional Clinical.

Supervision must have been provided by a recognised Clinician who has been actively practising within the field of counselling and/or psychotherapy for a minimum of five (5) or more years and is recognised by CAPA NSW and holds a relevant qualification in the field i.e. counsellor and/or psychotherapist, social worker, psychologist or psychiatrist

Counselling: The face to face counselling hours can be, one on one client hours, couple, family or group therapy and ongoing telephone counselling hours.

100% of one on one client contact hours will be counted during and post training.

100% of group therapy hours will be counted during and post training. The applicant must be the facilitator of the group.

25% of Telephone counselling hours can be counted during and post training, where sessions are regularly conducted. Ensure total telephone hours are recorded on the supervisor's declaration.

Crisis telephone counselling and financial counselling hours are not acceptable for regrades or renewals of membership.

Separate supervision forms must be included to delineate between face to face, group and phone counselled clients.

Professional Indemnity Insurance: The members counselling and/or psychotherapy practice must be covered by a current professional indemnity insurance policy (or policies) that cover the totality of their activities.

If the member works for an agency, they will be required to produce a 'Certificate of Currency' from that organisation and a letter from their employer, which links them to the insurance policy. This policy must state the services they are covered for and the date of expiry of the policy.

If the member does not hold insurance, then a 'Letter for insurer' will be sent to the member upon acceptance of their application. This can then be sent onto the insurer and when the policy details are sent back to the member these can be forwarded to the CAPA NSW office to finalise the application. The date of expiry of the policy and the services covered, i.e. counselling, psychotherapy etc. are the details CAPA NSW requires to finalise the application process.

Renewal of Provisional Clinical Membership: If the member has supplied an email address, an electronic renewal will be emailed to the member on or around the 15th May each year. The renewal of membership must be returned to the CAPA NSW offices by the 30th June for the annual renewal of membership to be completed. Supervision and professional development hours are counted for the period 1st June to 31st May annually, year with the annual renewal submitted on or before the 30th June.

Each year the member will be required to demonstrate that they are actively involved in a supervision process, are working as a practitioner in face to face counselling or psychotherapy, are involved in ongoing Professional Development, and that their insurance is current.

Current requirements are a minimum of ten (10) hours of supervision each year. The supervision can be submitted as individual and/or group supervision or a combination of both for Intern members or individual and/or group and peer* supervision for eligible Clinical members, as well as forty (40) points of PD of Professional Development.

See: <http://capansw.org.au/professional-development/capa-pd-policy>

Members who conduct four hundred (400) or more counselling hours will be required to submit fifteen (15) hours of supervision annually, starting with the 2014-2015 renewal.

Group Supervision: Is acceptable, where the group consists of a maximum of six (6) participants and runs for a minimum of two (2) hours per supervision.

Members receive one (1) hour of supervision for every one (1) hour in attendance.

***Peer Supervision:** Is acceptable for eligible Provisional and Clinical members only.

*See: <http://capansw.org.au/membership/supervision> Hours must not exceed 50% of the supervision hours recorded i.e. five (5) of the ten (10) hours or seven and a half (7.5) of the fifteen (15) hours.

Supervision must have been provided by a qualified supervisor who has been actively practising counselling and/or psychotherapy, social work, psychology or psychiatry for a minimum of five (5) years.

(See www.capansw.org.au under 'Membership', Supervision, Professional Development (PD), Insurance for further clarification on the requirements for renewals.)

Special Leave

Members can apply for various leaves of absence, including research or field work sabbaticals, compassionate or health related leave, maternity and paternity leave. These will be dealt with on a case by case basis by the Membership Committee. Special Leave is available only to Intern, Provisional Clinical and Clinical Member. For more information see: <http://capansw.org.au/membership/apply-for-special-leave>



Policies Governing Membership Applications

Accredited Courses

CAPA NSW Inc. recognises courses that satisfy PACFA's Professional Training Standards (www.pacfa.org.au), and that are Higher Education accredited www.ntis.gov.au. CAPA NSW Inc. does not accredit or maintain a list of accredited courses. Please contact the office for further information.

Supervision & Qualified Supervisors

CAPA NSW Inc. requires that all members be supervised while practising as a counsellor or psychotherapist. The Supervisor must be eligible for admission to CAPA NSW Inc. or other association as a Clinical member have a minimum of five (5) years post training experience in counselling, psychotherapy, social work, psychology or psychiatry and currently be working as a practitioner in the profession.

Privacy

The **Counsellors And Psychotherapists Association of New South Wales Incorporated (CAPA NSW Inc.)** proposes to collect personal information from you. The information is regarded as personal information for the purposes of the Privacy Act 1988. The Act amended in 2000 to effect the collection of data by organisations in the private and non-government sectors.

Some of the personal information collected in the application form is regarded as sensitive information under the Act and therefore attracts particular obligations in respect of collection, security and disclosure.

The purpose for collecting the information is to enable your request for membership of CAPA NSW Inc. to be considered and assessed. The intended recipients of the information are the relevant officers of CAPA NSW Inc. on the Membership Committee. While the supply of the requested information by you is voluntary, if you cannot provide or do not wish to provide the information sought, CAPA NSW Inc. may be unable to process your application for membership.

Any information collected by CAPA NSW Inc. about you will be stored in a secure environment. None of the information collected by CAPA NSW Inc. will be used for any purpose other than that which is indicated in this statement and Membership Application Form. If CAPA NSW Inc. wishes to use information about you for any other purpose, consent will be sought from you by CAPA NSW Inc. for that purpose before any action is taken. No third party will have access to this information without your consent.

You have the right to access the information concerning yourself for the purpose of amendment or correction, in accordance with the relevant procedures under the Act and CAPA NSW Inc.'s Code of Ethics and Good Practice.



Personal Details

Your personal details will be treated as private and confidential

Name	Prefix	Please circle: Mr Mrs Ms Dr or other:-
	First name	
	Preferred name	
	Middle name	
	Last name	
Address	Address line 1	
	Address line 2	
	Suburb or Town	
	State	
	Postcode	
	Country	
Contact Details	Home Phone	
	Work Phone	
	Mobile	
	Email	



Provisional Clinical Membership Application

Professional Indemnity Insurance

You must attach documentary evidence (a certificate of currency or a letter from an employer which links you to their policy) of your current Professional Indemnity Insurance cover. Your Professional Indemnity Insurance must cover **the totality of your counselling or psychotherapy practice**. This statement takes into account that some practitioners work both in an agency and in private practice. Membership of CAPA NSW Inc. requires the practitioner to have the relevant insurance for both areas (i.e. the totality) of their practice.

This document must also state both the **date of expiry of the policy** and the **services covered**, i.e. counselling, psychotherapy etc.

Company Name	
Policy Number	
Expiry Date	

Work Practice Details & Work Place

Type of Practice (tick one)	<input type="checkbox"/> Self-employed <input type="checkbox"/> Private practice or <input type="checkbox"/> Contracting <input type="checkbox"/> Volunteer <input type="checkbox"/> Employed Name of primary employer:
Primary type of employment (tick one)	<input type="checkbox"/> Educational - <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Hospital - <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charitable <input type="checkbox"/> Church <input type="checkbox"/> Government <input type="checkbox"/> Not for profit <input type="checkbox"/> Agency
Occupation Position held	<input type="checkbox"/> Counsellor <input type="checkbox"/> Psychotherapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Supervisor
Please provide a brief account of your counselling or psychotherapy work over the last two (2) years:	



Provisional Clinical Members

Contact Details for Publication

CAPA NSW Inc. will use the information you provide below for a number of public uses, including: publishing on the CAPA NSW Inc. website, in response to direct queries from the public, medical practitioners etc. Please ensure that your details are correct and suitable for these purposes.

Preferred name	Last name				
Title <i>e.g. Counsellor</i>					
e-mail					
Website URL					
Languages spoken					
Practice location 1 <i>i.e. suburb/town</i>		Postcode 1		Wk. Ph.	
				Mb Ph.	
Practice location 2 <i>i.e. suburb/town</i>		Postcode 2		Wk. Ph.	
				Mb Ph.	
Practice location 3 <i>i.e. suburb/town</i>		Postcode 3		Wk. Ph.	
				Mb Ph.	
Practice Description – max 6 words					



Intern Membership Application

Training Course Detail Sheet

You may need to begin this process by photocopying extra copies of the Training Course Detail Sheet for use with each different training course. Please be sure to attach, to this Training Course Cover Sheet, certified copies of all documentation, including a transcript of academic record, pertaining to the training.

Was this specialised training course in counselling and/or psychotherapy taken over a period of at least three (3) years (for undergraduate) or two (2) years (for postgraduate) and did the training consist of at least 350 hours or 200 hours respectively of face to face teaching, and meets the CAPA NSW training standards?

OR Was the course a VETAB Advanced Diploma or 'recognised' equivalent qualification over three (3) years and comprised 200 hours of face to face teaching and meets the CAPA NSW training standards?

OR Was the qualification equal or equivalent to a 2 Year Diploma or Advanced Diploma and met the requirements that were in place at the time of entry into membership with CAPA NSW?

Yes No

If yes, please indicate the total number of training hours for this specific course

Training Institution				
Full Course Name				
Qualification awarded				
Length of Course (years)				
Hours of counselling and supervision undertaken DURING the training program	Hours of counselling		Hours of supervision	
Hours of counselling and supervision undertaken AFTER the training program	Hours of counselling		Hours of supervision	
Commencement Date				
Completion Date				

Attach behind this page JP certified copies of your Certificate of completion or Diploma and Transcript of academic record.

If you were enrolled in a postgraduate program, also attach JP certified copies of your Certificate of completion or Diploma and Transcript of academic record from your undergraduate training regardless of whether this was counselling and/or psychotherapy related or not.

Attach, if applicable, a letter from your training institution that confirms any hours of counselling and supervision during the training period*, as well letters/supervisors declarations form your current supervisor/s which confirm any hours of counselling and supervision that were undertaken post training*.

If you have recently graduated and/or have not yet undertaken any post training counselling and counselling hours, submit only during training hours for counselling and supervision.

*Counselling and supervision hours must be recorded in letters or supervision declarations.

Note: Signed log books, signed lists and copies of receipts will not be accepted.

Hours must be recorded as actual hours, not 'hours per week', 'hours per month' or 'hours per year'.

Individual and group supervision hours can be counted towards the Regrade to Provisional Clinical, but Peer supervision hours cannot be counted.



Regrade to Clinical Membership Application

Counselling and Supervision History

This table summarises the information and documentary evidence regarding the supervision of your counselling and/or psychotherapy. Please **photocopy** and fill in a separate Supervisor Details Sheet for **each** supervisor.

Please list **all** supervision experience that may be relevant to your application. List them **in order of completion** with Super N°1 being your **current** supervision experience.

Super N°	Date From	Date To	Supervisor's Name	1. Hours of Supervision		2. Hours of Face to Face Counselling supervised by supervisor	
				Training Supervision	Post-Training Supervision	During Training Counselling	Post-Training Counselling
1 (Most Current)							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				3.	4.	5.	6.

Notes

1. The number you indicate in these columns on each line refers to the **supervision** hours for which you have received supervision in that period both **DURING** and **AFTER** training.
2. The number you indicate in these columns on each line refers to the **face to face client hours** for which you have received supervision in that period both **DURING** and **AFTER** training.
3. The number you indicate in this column is for the **total supervision hours** you have received **DURING** the training period.
4. The number you indicate in this column is for the **total supervision hours** you have received **AFTER** training.
5. The number you indicate in this space represents the number of total **face to face client hours** you have received **DURING** the training period.
6. The number you indicate in this space represents the number of total **face to face client hours** you have received **AFTER** the training period.



Supervision Details Sheet

Forms must be original documents, not photocopies, scans or faxes.

Please note: The supervisor is to fill out all aspects of this form. No part of this form is to be filled out by the member. Forms that are not filled out in their entirety by the supervisor will not be accepted.

It is important that you have been involved in direct client work during the period specified in the Supervision Experience and that your Supervisor can state that they are aware of your client load.

100% of individual, couple, family or group therapy client contact hours will be counted during and post training.

100% of telephone counselling hours will be collected, but only 25% will be counted.

For more information please see: <http://capansw.org.au/membership/supervision>

Please Note: Crisis telephone counselling and financial counselling hours cannot be counted.

Please list total hours in the individual/couple, family/group or telephone counselling client contact sections.

This sheet refers to Supervisor experience No:

Full name of supervisee (CAPA Applicant or CAPA Member)				
Full name of supervisor				
Supervisor's qualifications				
Supervisor's post-training experience		years		
Supervisor's address				
Suburb, Town or Locality				
Supervisor's telephone				
Supervisor's email				
Type of: Supervision attended by the supervisee	Individual? <input type="checkbox"/>	Group? How many participants?..... (max. 6 post training) How often do they present?.....	<input type="checkbox"/>	Telephone? or Skype? <input type="checkbox"/> <input type="checkbox"/>
Peer	<input type="checkbox"/> (Note: Applicable only to eligible Clinical Applicants/Members)			
Date supervision commenced?				
Date supervision completed?				
Total supervision in Hours	Hours	Hours	Hours	Hours
Nature of the supervision (i.e. did the supervisee present video, audio, notes, verbatim transcripts of client contact?)				
Hours supervisee spent in each type of client contact:	Individual/Couple Hours	Family/Group Hours	Telephone Counselling Hours	
Total client contact hours (not in hours per week) as disclosed to me by my supervisee: <div style="text-align: right;">.....Hours</div>				
Supervisor's Declaration: I hereby certify that all the details provided on the <i>Supervision Detail Sheet</i> are, to the best of my knowledge, true and correct and they have been filled out in their entirety by me.				
Date of Declaration	Signature of Supervisor			



Ethics and Membership of CAPA NSW Inc.

This section of the Membership Application Form refers to the ethical requirements for Clinical membership of CAPA NSW Inc. This section has three (3) parts.

The first part consists of a *Brief Summary* of the fundamental principles outlined in CAPA NSW Inc.'s Code of Ethics and Good Practice.

The second part requests that you provide information about your own history of ethical behaviour. This is in the form of a *Questionnaire on Ethical conduct*.

The third part is the *Ethical Declaration*. First, it requests that you indicate your understanding of the ethical principles and your willingness to comply with the CAPA NSW Inc. *Code of Ethics and Good Practice*. It also asks you to declare that the answers provided by you in the Membership Application Form are true and correct to the best of your knowledge.

Ethics

All categories of membership are required to abide by and make a written declaration in respect of the CAPA NSW Inc. Code of Ethics and Good Practice, as published from time to time. A summary of the key ethical principles is contained in this form.

A full copy of the code is available from the CAPA NSW Inc. office or from the website:
<http://capansw.org.au/about-capa/codes/capa-code>

Brief Summary

Code of Ethics and Good Practice

The *Code of Ethics and Good Practice* is a core document for all members of CAPA NSW Inc. It outlines the values to which we all adhere in our practice of counselling and psychotherapy. It is the responsibility of each CAPA NSW Inc. member (regardless of category) to be familiar with and adhere to the contents of the *Code of Ethics and Good Practice*.

The code is downloadable in PDF format from <http://capansw.org.au/about-capa/codes/capa-code> available from the CAPA NSW Inc. office.

It outlines in detail, the ethical demands Clinical with membership of CAPA NSW Inc., whose responsibility it is along with all practitioners to encourage and maintain the highest standards of practice within the field of counselling and psychotherapy. The Code of Ethics and Good Practice outlines the fundamental and corollary principles that are then applied to practice situations. In brief, the fundamental principles are:

- *Autonomy and Self Determination*: That we respect the dignity and worth of each person, their culture and context, and their right to determine their own course of action in life in accordance with a plan developed and chosen by the person.
- *“Do no harm” – The Principle of No maleficence*: That in the exercise of our therapeutic practice, we avoid acting in ways that, necessarily and intentionally (either by commission or omission), inflict harm on other persons in violation of their rights.
- *“Do good” – The Principle of Beneficence*: That in the exercise of our practice, we engage in behaviours that promote the wellbeing and rights of persons and the common good.

These principles translate into the development and maintenance of a therapeutic practice imbued with integrity and responsibility, competence and safety, an awareness of legal and ethical responsibilities, and an understanding of the fundamental significance of and adherence to the responsible use of confidentiality in counselling and psychotherapy.



Ethics and Membership of CAPA NSW Inc.

Questionnaire on Ethical Conduct

1. Are there any complaints of professional misconduct currently under investigation in relation to your work practice by any disciplinary or legal tribunal?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
2. Are you aware of any formal complaints of professional misconduct about you, having been made to any professional association at any time?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
3. Have you ever been refused entry to a professional association because of professional misconduct?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
4. Have you ever been deregistered, dismissed or suspended from a professional association because of professional misconduct?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
5. Do you have a criminal record? Have you been convicted in the past 10 years of an offence involving a criminal charge, or is there any charge pending? <i>Please note that the existence of a criminal record will not necessarily exclude you from membership of CAPA NSW Inc.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
6. Have you had an adverse finding as a result of a “Working with Children” pre-employment check?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
7. Are you currently working with, or intend to work with children and have completed the relevant 'Working with Children' (or State equivalent) form. (Either a 'Self-employed Working with Children' certificate or submission to employer of 'Working with Children' form and please note this form is a legal requirement for all people working with children) See: http://kids.nsw.gov.au/kids/working.cfm	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet and indicate the 'Valid to' date. Valid to date:/...../20.....
8. Are you considered 'prohibited' or 'not able to be registered' as defined by the following NSW legislation? <ul style="list-style-type: none">• Commissioned for Children and Young People ACT 1998• Child Protection (Prohibited Employment) Act 1998	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet



Ethics Declaration

I Have read and agree to abide by the Code of Ethics and Good Practice for the Counsellors and Psychotherapists Association of New South Wales Inc. (CAPA NSW). (This document is available from the CAPA NSW office or downloadable in PDF format from <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 annual audit, the information provided by me in the Membership Renewal Application Form. As a part of CAPA NSW audit procedure between 5% and 10% of Intern, Provisional Clinical & Clinical members will be selected for full assessment of PD activities, supervision & practice. If you are selected you will be notified in advance of the date by which you will be required to submit the information.

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.

Signed Date

Declaration regarding Counselling and Psychotherapy practice

I hereby declare I am currently practising as a face to face

Counsellor Psychotherapist

Signed Date



Statutory Declaration (for members who reside in NSW*)

I.

Full Name

O

Full Address

In the State of New South Wales,

Occupation

do solemnly and sincerely declare that all statements made by me in this CAPA NSW Inc. Membership Application are true and correct in every particular, and that all qualifications and supervision quoted therein, and all other documents attached to this CAPA NSW Inc. Membership Application are capable of independent verification.

And I make this solemn declaration conscientiously believing the same to be true and by the provisions of the *Oaths Act 1900*.

Member's Signature

Date

Signature of the Justice of the Peace

Name and Registration Number
(where applicable) of
the witnessing Justice of the Peace

Date

*Members who reside outside of NSW should fill in and attach to this Membership Application Form, a **Statutory Declaration from the relevant State or Territory**, including in that declaration the following:

“do solemnly and sincerely declare that all statements made by me in this CAPA NSW Inc. Membership Application, are true and correct in every particular, and that all qualifications and supervision quoted therein, and all other documents attached to this CAPA NSW Inc. Membership Application are capable of independent verification”.



2015-2016 Student to Provisional Clinical

PAYMENT CALCULATION SHEET

USE THIS FORM TO CALCULATE YOUR MEMBERSHIP FEES

Name:

Date:

A. Regrade fee (non-refundable)

Select all that apply:

Regrade Fee This fee covers the cost to the association for assessing your regrade and will not be refunded should the application be unsuccessful.	<input type="checkbox"/> Regrade fee	\$75.00
Non-refundable Fee due		\$75.00

B. Membership Fee (refundable)

Regrades are accepted throughout the financial year. You will be charged the monthly difference for membership at the higher level.

Select month in which you are regrading and enter the amount in the box below:			
July to December		January to June	
<input type="checkbox"/> July	(entire year) \$465	<input type="checkbox"/> January	\$150
<input type="checkbox"/> August	(entire year) \$465	<input type="checkbox"/> February	\$90
<input type="checkbox"/> September	(entire year) \$465	<input type="checkbox"/> March	\$30
<input type="checkbox"/> October	\$330	<input type="checkbox"/> April	(entire year) \$465
<input type="checkbox"/> November	\$270	<input type="checkbox"/> May	(entire year) \$465
<input type="checkbox"/> December	\$210	<input type="checkbox"/> June	(entire year) \$465
Additional Fees due			

C. Payment Surcharge

Select one:

There is a surcharge for all credit card payments.	<input type="checkbox"/> Cheque, Money Order	\$ 0
	<input type="checkbox"/> Credit Card Surcharge	\$ 5.00
Surcharge due		

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

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

1. 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; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Cardholder's Name:	Signature:

2. Cheque (payable to "CAPA")
Cheque N°: Drawer:
BSB: Account N°:

3. Money Order
Money Order N°:



PACFA

Application to list on the register Procedure and Information For Provisional Clinical Applicants

If you would like to submit an Application to list on the PACFA register, please follow the instructions below and copy and paste the link below to go to the PACFA Online Portal.

Applicants must be CAPA NSW Intern, Provisional Clinical or Clinical Members, and meet the PACFA register standards before they can apply to list on the PACFA Register.

Applicants should be aware that admission to CAPA NSW Membership does not automatically qualify them for a listing with PACFA on the register.

If you believe you meet the PACFA Register eligibility criteria and would like to apply to list with PACFA:

Go to <http://www.pacfa.org.au/>

- Click: 'National register'
- Click: 'Applications'
- Click: 'Provisional and Clinical listing'
- Under the heading 'Online applications' at the bottom of the page
- Click: ' Go to the Counselling and Psychotherapy portal'
- Fill in the online application and upload or post to PACFA, JP certified copies of both undergraduate and postgraduate training certificates and transcripts, and documentation of supervision, insurance, and any other evidence PACFA requests:
PACFA 290 Park St, North Fitzroy, VIC 3086
- PACFA will only accept supervision that is supported by documentation in the form of letters signed by the supervisor, training institution or signed supervisor's declarations.
- Note: The process of applying to list on the PACFA register is a completely separate process than applying for a CAPA NSW membership, renewal or regrade, requiring a separate application/documentation and payment.

Fees associated with an Application to list on the PACFA register

- If you are not able to complete your application via the online application process, please contact the PACFA Office, admin@pacfa.org.au to request a paper application form. Applying via the paper application form involves an additional administration fee of \$22 (including GST).
- For Provisional registrants: Pay the required fee/s to PACFA at the time of the online application (\$121 listing fee or \$143 if applying by posted form). The \$70 CAPA NSW assessment fee can also be paid to PACFA (A total of \$191 or \$213, if applying with a paper form).
- Once your application has been received from PACFA, and it is deemed to meet requirements, CAPA NSW will endorse your CAPA NSW membership and confirm this with PACFA.
- PACFA will finalise your application. Upon approval you will be listed on their website in the relevant area. Please note: Only Clinical registrants will be issued a certificate.
- See table below for more information



PACFA and CAPA Fees for initial listing and upgrading as at 1.6.14

All fees are payable to PACFA and are to be made at time of application	PACFA Fees	CAPA Fees	PACFA And CAPA Fees
Paper form for offline applications	\$22	\$0	
Initial listing fee Intern	\$44	\$0	\$74 (add \$22 if applying offline)
Assessment and endorsement fee	\$0	\$30	
Initial listing fee Provisional or Clinical	\$121	\$0	\$191 (add \$22 if applying offline)
Assessment and endorsement fee	\$0	\$70	
Upgrade to Provisional from Intern	\$99	\$0	
Upgrade to Clinical from Provisional	\$0	\$0	



Final Check List

Pages to be returned to the CAPA NSW office are those indicated below

Have you filled out the Personal Details section of this form? (Page 7)	<input type="checkbox"/>
Have you completed the Work Practice Details ? (Page 8)	<input type="checkbox"/>
Have you completed the Professional Indemnity Insurance section attaching the relevant documentation ? (Page 10)	<input type="checkbox"/>
Have you completed the contact details form for the website? (Page 11)	<input type="checkbox"/>
Have you provided certified documentary evidence of your completion of a Training Course in counselling and/or psychotherapy? (Page 12)	<input type="checkbox"/>
Have you specified the number of hours of training in your course? (Page 12)	<input type="checkbox"/>
Have you specified the number of counselling and supervision hours undertaken during the training period and also post training (if applicable)? (Page 12)	<input type="checkbox"/>
Have you provided documentary evidence of supervision in respect of your counselling and/or psychotherapy? (Page 11 & 12)	<input type="checkbox"/>
Have you completed the Questionnaire on Ethical Conduct ? (Page 14)	<input type="checkbox"/>
Have you completed the Ethics Declaration and Practice Declaration ? (Page 15)	<input type="checkbox"/>
Have you completed the Statutory Declaration at the end of this form? (Page 16)	<input type="checkbox"/>
Have you completed the payment details page and attached payment for the Provisional Clinical fee for the whole year or the month of regrade and the regrade fee? (Page 17)	<input type="checkbox"/>
Have you taken note of the procedure for registration with PACFA if you are seeking a listing? (Page 18-19)	<input type="checkbox"/>

Please return this form with your application