



The Counsellors
and Psychotherapists
Association of NSW Inc

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

Application to Regrade from Intern To Provisional Clinical or Clinical Membership

Use this form when applying for a regrade from Intern to Provisional Clinical or 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 and Clinical Membership.....	4, 5
Special Leave.....	5
Personal Details	6
Regrade from Intern to Clinical Membership Application	7
Professional Indemnity Insurance.....	7
Work Practice Details.....	7
For Clinical Members Only – Contact Details for Publication	8
Supervisors declaration	9
Professional Development.	10
Ethics and Membership of CAPA NSW Inc.	11
Code of Ethics and Good Practice	11
Questionnaire on Ethical Conduct	12
Ethics Declaration	12
Practice Declaration.....	12
Membership Fees	13
PACFA Initial Listing information	14,15
Final Check List	16



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 and Clinical Membership

Provisional Clinical or Clinical Membership is open to any practitioner who has completed training.

Currently, the annual fee for Provisional Clinical and Clinical members is \$465, the regrade fee is \$75 and the minimum requirements for Provisional Clinical or Clinical 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 Provisional Clinical or Clinical 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 exceeded 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 14 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.

The ten (10) hours must come from individual or group supervision and supervision that takes place over and above the minimum hours can be individual, group or a combination of both.

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 these hours.

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 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.

If the regrade occurs after the renewal period then the hours for supervision, counselling and professional development are pro rata.

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 or 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 Provisional and 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 Members.

For more information see: <http://capansw.org.au/membership/apply-for-special-leave>



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	



Regrade to Provisional Clinical or Clinical Membership Application

Professional Indemnity Insurance

Please attach documentary evidence of your current Professional Indemnity Insurance cover. This needs to be a copy of your current policy or for those working in agencies a Certificate of Currency plus a letter from your employer indicating you work for that organisation.

The document needs to state both the date of expiry of the policy and the services covered i.e. counselling, psychotherapy etc

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:	



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 eg <i>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					



Supervision

The supervisor is to fill out all aspects of the supervision details.

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

Please note: No part of this section is to be filled out by the member. Forms not filled out in their entirety by the supervisor will not be accepted.

Clinical, Provisional, and Intern members are required to have 10 hours of supervision annually. These hours are calculated between 1st June and 31st May for submission by 30th June.

Clinical and Provisional members who conduct in excess of 400 hours of counselling annually are required to have 15 hours of supervision for the same period.

50% of supervision hours can come from individual or group supervision. The balance of the hours can either be individual, group* or peer** supervision.

*Group supervision hours are credited 1 hour for every 1 hour of attendance. The group must have no more than 6 attendees.

**Peer supervision is acceptable for Provisional and Clinical members only.

See: <http://capansw.org.au/membership/supervision>

Please check the CAPA NSW website under the heading 'Membership'-'Supervision' for full supervision details including minimum criteria CAPA NSW recognises to be a Supervisor.

Ask your supervisor/s to fill out the declaration below, noting the number of clinical face to face and/or telephone hours worked with clients over the previous 12 months, or since you last submitted supervision details to CAPA NSW, as well as the supervision hours.

100% of total face to face counselling, individual, couple and family or group therapy hours can be counted.

25% of total telephone counselling hours can be counted. Ensure you record all hours of telephone counselling.

One off, crisis telephone counselling and financial counselling cannot be counted in these hours.

Please copy this form before filling out - to ensure you have one form for each supervisor you have had during the period between 1st June and 31st May. Hours are pro rata for regrades out of renewal period.

Supervisor's Declaration

I (Supervisor's name) hereby declare that I have provided

(CAPA NSW Member's name) with:

Individual supervision hours of and/or

Group supervision hours of.....

Peer supervision hours of.....

From 1st June 2015 to/...../ 20..... or during the period of supervision.....

I have discussed with my supervisee their case load and that they have conducted:

.....hours of face to face (individual, couple, family or group) counselling/psychotherapy

And/or..... hours of phone counselling/psychotherapy (please list total hours).

And further, that to the best of my knowledge they are practising competently and ethically.

Supervisor's Address

Supervisor's Telephone Work..... Mobile

Supervisor's Email

Supervisor's years of experience post training.....

Supervisor's Qualifications.....

Signature of SupervisorDate



Declaration Regarding Professional Development

Please supply documentary evidence of these activities by way of certificates of attendance only.

I have completed Points of professional development (See: <http://capansw.org.au/professional-development/capa-pd-policy>) since I last submitted paperwork to CAPA NSW.

This PD includes attendance at training courses or workshops, attendance at conferences and seminars and may include distance education. This PD was also relevant to core competencies of psychotherapy and counselling practice.

These activities were presented by appropriately qualified members of PACFA MA's or presenters who are eligible for membership or those who are recognised by the profession as having advanced expertise in the topic being addressed.

These presenters are qualified in the field of counselling, psychotherapy, psychology, psychiatry, mental health or social work.

(Signature)

Please attach your certificate/s of attendance indicating the hours of attendance. If the hours do not appear on the certificate of attendance you will be required to present a letter of attendance from the organisers of your professional development claim.

Please list a summary of your professional development

Date	Details of formal professional development activities	Hours
.....	<input type="text"/>
Total:		<input type="text"/>



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 *Ethics 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 for Clinical 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 Nonmaleficence*: 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.



Questionnaire on Ethical Conduct

1. Have you been or are you currently under investigation by any disciplinary or legal tribunal?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
2. Have charges of unprofessional conduct ever been brought against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
3. Have you been convicted in the past 10 years of an offence involving a criminal charge, or is there any charge pending?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach details to this sheet
4. 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 If you have submitted this previously to CAPA NSW, what is the date of expiry of your current WWC certificate?/...../20.....

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 & 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



2015-2016 Intern to Provisional Clinical or 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	\$ 50
<input type="checkbox"/> August	(entire year) \$465	<input type="checkbox"/> February	\$ 40
<input type="checkbox"/> September	(entire year) \$465	<input type="checkbox"/> March	\$ 30
<input type="checkbox"/> October	\$80	<input type="checkbox"/> April	(entire year) \$465
<input type="checkbox"/> November	\$70	<input type="checkbox"/> May	(entire year) \$465
<input type="checkbox"/> December	\$60	<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; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" 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 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

Regrade from Intern to Provisional Clinical (P) Members

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 6)	<input type="checkbox"/>
Have you completed the Work Practice Details ? (Page 7)	<input type="checkbox"/>
Have you completed the Professional Indemnity Insurance section attaching the relevant documentation which shows clearly the date of expiry of your policy and what services you are covered for? (Page7)	<input type="checkbox"/>
Have you completed the contact details form for the website? (Page8)	<input type="checkbox"/>
Have you provided documentary evidence of supervision accumulated since you last submitted paperwork to CAPA NSW, in respect of your counselling or psychotherapy for the regrade? (Page 9)	<input type="checkbox"/>
Have you provided evidence that you have completed the minimum requirements in respect of Counselling for the regrade? (Page 9)	<input type="checkbox"/>
Have you provided evidence of Professional Development ? (Page 10)	<input type="checkbox"/>
Have you completed the questionnaire on Ethical Conduct ? (Page 11)	<input type="checkbox"/>
Have you completed the Ethics Declaration and signed the Practice Declaration ? (Page 12)	<input type="checkbox"/>
Have you completed the payment details page and attached payment for the Provisional Clinical or Clinical fee for the whole year the month of regrade as well as regrade fee? (Page 13)	<input type="checkbox"/>
Have you taken note of the procedure for registration with PACFA if you are seeking a listing? (Page 14-15)	<input type="checkbox"/>

Please return this form with your application