CCAA-Accredited Supervisor

Christian Counsellors
Association of Australia

Use this form to apply to be listed as a CCAA-Accredited Supervisor

The Applicant must have:

1. 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association
2. Supervision Training of 2 days face to face, or the equivalent training at degree level
3. current supervision for their Supervision practice
4. professional indemnity insurance
5. relevant qualifications in theology or Bible if supervising in a Christian context

BLOCK LETTERS PLEASE

First Name:	Family Name:
Address: Postcode:	
Day Phone:	Mobile:
Email:	
Employer: Private Practice:	Position Or Title:
Professional Membership: Clinical Member of CCAA YES/NO Clinical listing on PACFA Register YES/NO Other Counselling Assoc:	Qualifications:

I have 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association YES/NO
(*attach documentation if not a CCAA Clinical Member)*

I have completed Supervision Training of 2 days face to face, or the equivalent training at degree level (*attach documentation)* YES/NO

I am currently in Supervision for my Supervision practice YES/NO

I have current Professional Indemnity Insurance (*attach documentation)* YES/NO

Suburb/s and phone number/s to appear on www.ccaa.net.au Supervisor listing:	

I certify the above information is correct and requested documentation is attached

_____ _____

Applicant's signature ***Date***

NSW: PO Box 3, Palm Beach 2108 VIC: PO Box 12, Ormond 3204 QLD: PO Box 1894, Carindale 4152	SA: PO Box 927, Unley 5061 WA: 6 Howard Place, Kelmscott 6111 TAS: PO Box 246, Lindisfarne 7015

Office Use only

Date received: _____

Committee Approval Date: _____