



Associate Application Form

Use this form if you do not have 2 years minimum of counselling training.

This form is for students, those in ministry, and practising counsellors – anyone who may not yet meet the requirements for Graduate Membership. www.ccaa.net.au has details.

Personal Details

Title	Surname	Given names		
Address		Suburb	State	Postcode
Email address * (Print one or more email addresses)				
Preferred day phone		Home phone		
Work phone		Fax		
Mobile				

* This is important as email is the most frequent way CCAA will communicate with you. If you obtain new email addresses during the year, just subscribe them through www.ccaa.net.au. If you don't already have an email address, you can either:

- create a free email account eg Gmail, which is part of Google - see www.ccaa.net.au for how to set up a Gmail account
- or, subscribe the email address of a 'friend' who can monitor or print items of interest for you

Counselling Study

Full name of current or previous Training Course	
Training body	
Date of Course Completion (or expected)	
Do you intend to work towards Graduate Membership and Clinical Membership of CCAA?	Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>

Ethical Conduct

Are there any complaints of professional misconduct currently under investigation in relation to your work practice?	No <input type="checkbox"/> Yes, details attached <input type="checkbox"/>
Are you aware of any formal complaints of professional misconduct about you at any time, that were upheld?	No <input type="checkbox"/> Yes, details attached <input type="checkbox"/>
Have you ever been refused entry, dismissed or suspended from a professional association because of professional misconduct?	No <input type="checkbox"/> Yes, details attached <input type="checkbox"/>
Are you currently under investigation by the police or do you have a criminal record?	No <input type="checkbox"/> Yes, details attached <input type="checkbox"/>
I understand that as an Associate I do not have professional recognition. I understand I must not cite my association with CCAA in promotional material or as a form of professional recognition.	Agreed <input type="checkbox"/>

Current Counselling and Supervision (only if applicable)

If you are counselling, CCAA advises that you:

- maintain regular supervision with a suitably qualified supervisor. If you are considering Graduate Membership, your professional supervision needs to be at a ratio of 1 supervision hour to 4 face-to-face counselling hours
- maintain appropriate Professional Indemnity Insurance cover, either with the organisation you work for, or as an individual
- rely upon the involvement of your supervisor or appropriate people in your course, church or work for the mediation of any complaints

Complete only what is applicable in this section.

Place of counselling		
Position/Role held		
Nature of work		
Modality of counselling eg CBT		
Current average counselling hours/week		
Name of supervisor		
Supervisor's phone no.		
Supervisor's email address		
Supervisor's qualifications		

Declaration

I declare that all the information I have provided in this application is true and correct.

I understand that any failure to make a full and accurate disclosure may lead to a denial or termination of membership.

I have read and agreed to abide by the CCAA Code of Ethics (see www.ccaa.net.au).

I declare my faith in Jesus Christ and I hold to the historic truths of the Christian faith as outlined in the Bible, the Word of God, and the Apostles' Creed.

Signed _____

Date _____

Associate Application Checklist

Mail your completed application and cheque to your State address below.

All pages completed

Application Fee **\$30** cheque/money order

When your application is approved, we will invoice you an Annual Renewal fee of \$75.

Helplines and Postal Addresses

For further details about CCAA, visit www.ccaa.net.au.

Helplines for Application Enquiries		Postal Address to mail completed paper work	
nsw@ccaa.net.au	02 9999 3448	CCAA (NSW)	PO Box 3, PALM BEACH 2108
vic@ccaa.net.au	03 9563 8063	CCAA (VIC)	PO Box 12, ORMOND 3204
qld@ccaa.net.au	07 3398 4866	CCAA (QLD)	PO Box 1894, CARINDALE 4152
sa@ccaa.net.au	08 8373 8788	CCAA (SA)	PO Box 927, UNLEY 5061
wa@ccaa.net.au	08 9277 6060	CCAA (WA)	6 Howard Place, KELMSCOTT 6111
tas@ccaa.net.au	03 6229 6731	CCAA (TAS)	PO Box 246, LINDISFARNE 7015

Confidential Reference – Christian Standing



To be completed by minister, pastor, etc.

Applicant's name: _____

To the Referee: Please complete your details and responses below:

Name: _____

Address: _____

Phone No. Home: _____

Work: _____

Mobile: _____

Email: _____

Have you known the applicant more than 12 months? Yes No

What is your relationship to the applicant? Minister, pastor, etc _____

What is the applicant's Church/Faith Group? _____

Can you confirm that the applicant is in regular fellowship with other Christians? Yes No

Do you have confidence in the applicant's Christian integrity? Yes No

Do you support this applicant joining CCAA at Associate level? Yes No

Signed: _____

Date: _____

Please post to your State address:
CCAA (NSW) PO Box 3, PALM BEACH 2108
CCAA (VIC) PO Box 12, ORMOND 3204
CCAA (QLD) PO Box 1894, CARINDALE 4152
CCAA (SA) PO Box 927, UNLEY 5061
CCAA (WA) 6 Howard Place, KELMSCOTT 6111
CCAA (TAS) PO Box 246, LINDISFARNE 7015