



Psychotherapy & Counselling
Federation of Australia

Application Form for Listing on the PACFA National Register

PART 1: Personal Details

Last Name:			
First Name(s):	Middle Name:	Title:	
PACFA Member Association:			
Are you currently a practicing psychotherapist and or counsellor? Yes / No (Pls circle)			
You must be a practicing psychotherapist or counsellor to be listed on the PACFA Register, once listed you are able to apply for a leave of absence should you require it.			
Are you a registered Mental Health Practitioner? Yes / No If yes, Provider No is: _____ (Pls circle)			
If yes , do you wish to be recorded on our Register of eligible Mental Health Practitioners for the purposes of gaining MBS Private Health Insurance registration? Yes / No (Pls circle)			
If you do not have an MBS Provider Number, are you eligible as a Psychologist or Social Worker or other Registered Provider? Yes / No (Pls circle)			

PART 2: Address Details for Publication

Please specify on this form the contact details you wish us to publish in the PACFA National Register of Psychotherapists and Counsellors website.

Please note we also ask you for clinical issues which we use for PACFA internal statistics, this information will not be published at this stage.

Title		Family Name			
First Name				Middle Name	
Member Association					
Qualifications (academic titles)					
Other Professional Memberships					
Practice Address:					
Street City					
State				Postcode	
Phone work			Phone home		
				Mobile phone	
Email				website	

The therapeutic approach you use in your practice: (Not currently for publication).		
You practice as a:	<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Counsellor
Please tick the relevant boxes:	<input type="checkbox"/> Child Psychotherapy <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Cognitive Behaviour Therapy <input type="checkbox"/> Couple Therapy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Gestalt Therapy <input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Psychoanalysis <input type="checkbox"/> Psychodrama <input type="checkbox"/> Other, please specify:
Please list any clinical issues you deal with in your practice:		
If you are a member of more than one PACFA Member Association please tick this box <input type="checkbox"/>		
Name of 2 nd Member Association:		

PART 3: Membership Details

Although in most cases your Member Association have already provided an endorsement form indicating whether you are applying to the Register under the **Clinical** or **Provisional** category, could you please confirm which category you are eligible for:

CLINICAL **PROVISIONAL**

Please note: The provisional therapists would be those who have completed training and met training standards, however they have not yet completed 750 hrs of post training clinical practice linked to 75 hrs of post training supervision over a minimum of 2 yrs.

PART 4: Training

I have attached copies of my relevant qualifications eg: certificates, diplomas, degrees

Yes No

Training and supervised experience requirements for listing on the PACFA National Register of Psychotherapists and Counsellors:

(1) Undergraduate Equivalent

3 years Training in Psychotherapy or Counselling (3 years - 400 hours min) - 350 hours of training and 50 hours of supervision linked to 200 hours of client contact hours

+ 750 hours client contact with 75 hours post-training supervision (minimum) over two years (minimum)

Provisional registrants do not need to have completed the post training requirements.

(2) Postgraduate Equivalent

Relevant Degree (as defined by the Applicant's Professional Association)

+ Specialist Training in Psychotherapy or Counselling (2 years - 250 hours min) 200 hours of training + 50 hours of supervision linked to 200 client contact hours.

+ 750 hours client contact with 75 hours post-training supervision (minimum) over two years (minimum)

Provisional registrants do not need to have completed the post training requirements.

(3) Recognition of Prior Learning

Where an applicant's professional training and formation does not fit the above, but is based on extensive training, practice and supervision over several years, it may be possible to be admitted to the Register based on recognition of this prior learning (RPL). The PACFA Training Standards will be the guide in determining training equivalence.

Higher hours of client contact and post training supervision may be required. For example where a number of smaller courses make up the applicant's training, the requirement for supervised clinical experience shall be 1200 hours client contact with 120 hours post-training supervision over at least two years.

Renewal/Continuing Education Requirements:

(1) Professional Development - 15 hours per year

The professional development requirement is intended to support the obligation of practitioners to keep up to date with their profession and new development in practice. The hours-requirement of 15 hours per year is minimal and most practitioners will exceed this. The 15 hours therefore refers only to involvement in training courses or workshops, attendance at conferences and seminars and training whilst enrolled in formal courses, which may include distance education.

(2) Supervision - 10 hours of supervision linked to practice in the previous 12 months.

(3) Ongoing full membership with a PACFA member association.

(4). Evidence of continuing professional Indemnity Insurance.

PART 5: Supervision

If you are applying under the **Provisional** category you do not need to complete this section. If you are applying for **Clinical** listing please show evidence of 75 supervision hours linked to 750 hours of Counselling and/or Psychotherapy over a minimum of two years. If you have more than one Supervisor please photocopy the form.

To be completed by the Applicant's Supervisor:

Supervisor's Name:			
Supervisor's Address:			
Phone:		Email:	
Supervisor's Qualifications:			
Applicant's Name:			
Supervision was:	<input type="checkbox"/> Individual	Session Duration (minutes):	
	<input type="checkbox"/> Group	Session Duration (minutes):	
		Number in Group	
This report relates to the period from:	/ /20 to / /20		
Applicant's total Practice Experience hours during this period:			
Total Supervision hours in this period:			

The details reported on this page give an accurate description of our Supervision/Peer Supervision arrangements. The applicant has demonstrated a capacity to work autonomously, and I see no obstacle to listing this applicant on the PACFA Register.

Date: ____/____/20____

Signed: _____

Post-Training Supervision: Supervision is a formal, collaborative process in which case material from the Supervisee's own Practice Experience is reflected upon. In Supervision, a senior colleague takes responsibility for supervising the work of a Supervisee, who seeks the help of the Supervisor because this person is understood to have some superior knowledge. Supervision may, for the purpose of this Application, take the form of individual or small group meetings (of up to six Supervisees and a Supervisor). It is not the same as administrative or management Supervision, nor is it the same as Psychotherapy or Counselling of the Supervisee.

Peer Supervision: Peer Supervision is distinct from the Supervision described above in that peers review each other's work in these arrangements. These arrangements do not require the presence of a designated Supervisor. Peer Supervision Sessions can be counted if they took place **at least five years after the applicant had completed the required training**, and as long as those five years were spent in supervised practice. The Peer Supervision may have been 1:1 or in a group of up to six peers. In the case of Peer Supervision, the Supervisor's signature is provided by a member of the Peer Supervision group, or "Peer Supervision Referee".

PART 6: Professional Indemnity Insurance

Do you have current **professional indemnity insurance** cover? Yes No

If **YES**, please attach a copy of your certificate of currency. Yes No

If **NO**, you will not be listed on the PACFA Register until current insurance is obtained. If you would like to obtain a professional indemnity insurance policy Rowland House provides discounted insurance for any members of PACFA member associations.

PACFA has arranged a new combined professional indemnity and general liability insurance policy specifically designed for members that join the PACFA and National Register.

Prices start at under \$150 for 12 months cover and limit options available up to \$10,000,000.

For further information: www.einsurance.com.au. Or contact PACFA for step by step instructions to purchase this insurance online.

Practitioners who are not in private practice need to provide a letter from their employer stating that they are covered by their employer's professional indemnity policy to practice as a therapist.

PART 7: Ethical Conduct

1. Are there any complaints of professional misconduct currently under investigation in relation to your work? Yes No
2. Are you aware of any formal complaints of professional misconduct having been made to any Professional Association against you at any time? Yes No
3. Have you ever been refused entry to a Professional Association because of reports of professional misconduct? Yes No
4. Have you ever been dismissed from a Professional organization because of reports of professional misconduct? Yes No
5. Do you have a criminal record? (*A "Yes" answer will not necessarily exclude you from the Register*) Yes No
6. Are you currently under investigation by State, Territory or Federal Police? Yes No

If you answered "yes" to any of the above please provide more information:

PART 8: Applicant's Agreement

I have met the requirements for Registration on the PACFA National Register of Psychotherapists and Counsellors, and agree to supply documentary evidence of this on request from either my Member Association or the PACFA Registrar.* (Requirements detailed above.)

I agree to comply with continuing education requirements of the PACFA National Register of Psychotherapists and Counsellors.

I agree to be subject to the Ethical Conduct of the PACFA National Register of Psychotherapists and Counsellors.

I have read the Code of Ethics of my Member Association as audited by PACFA and I acknowledge that my remaining on the PACFA Register depends upon my adhering to its requirements and that I will be subject to the Complaints and Appeals Procedure of the PACFA National Register of Psychotherapists and Counsellors.

I give permission for PACFA to publish my name and professional contact details on the PACFA National Register of Psychotherapists and Counsellors, including the PACFA website.

Yes No

Signature:

Date:

PART 9: Checklist

I have attached with this application form:

Please Tick

Yes A copy of my **certificate of currency** for Professional Indemnity Insurance not just a receipt of payment.

OR

Yes I am a member of **AASW** and have instead provided a copy of my current membership certificate

OR

Yes I currently hold professional Indemnity Insurance with Rowland House

Yes A letter from my employer stating I am covered to practice as a therapist under their Professional Indemnity Policy

AND

Yes Copies of my relevant qualifications

Please send your completed documents and applications forms to your Member Association