



# Registered Member Application Form

Use this form if you wish to apply for Graduate Member or Clinical Member.  
If you don't yet qualify as a Graduate Member, see the Associate Application Forms on [www.ccaa.net.au](http://www.ccaa.net.au).

**Not sure if you meet requirements? Ring a Helpline, p12. It will save you time.**

<b>Associate</b>	<ul style="list-style-type: none"> <li>▪ Sign declaration of faith and provide reference/s</li> <li>▪ Sign commitment to the CCAA Code of Ethics</li> <li>▪ Application Fee and Annual Subscription fee</li> <li>▪ If counselling, undertake regular supervision</li> </ul>
<b>Graduate Member</b>	<p>All requirements above if not provided previously, PLUS...</p> <p><b>Counselling Training – page 3</b> Meet the PACFA Training Standards (see <a href="http://www.pacfa.org.au">www.pacfa.org.au</a>), ie</p> <ul style="list-style-type: none"> <li>▪ A Bachelor Degree, or equivalent, with 300 hours face-to-face training in counselling over 3 years OR a Postgraduate qualification with 200 hours face-to-face training in counselling over 2 years</li> <li>▪ AND 50 hours of Training Supervision relating to 200 hours of counselling internship or Client Contact</li> </ul> <p><b>Theological or Biblical Studies – page 6</b></p> <ul style="list-style-type: none"> <li>▪ A minimum of 125 contact hours (3 to 4 semester subjects) of an approved Theological or Biblical studies course</li> <li>▪ OR a structured interview</li> </ul> <p><b>Each 12 months</b></p> <ul style="list-style-type: none"> <li>▪ Supervision: 10 supervision hours and 100 hours of counselling</li> <li>▪ Supervisor's Assessment – page 4-5</li> <li>▪ Professional Development - (on the Membership page of <a href="http://www.ccaa.net.au">www.ccaa.net.au</a>, see link to "Registered Member Annual Renewal Form")</li> <li>▪ Professional Indemnity Insurance</li> </ul> <p>You may be asked to provide additional evidence of competence for your application or renewal.</p>
<b>Clinical Member</b>	<p>All requirements above if not provided previously, PLUS...</p> <p><b>Post-Training Supervision and Counselling – page 7</b></p> <ul style="list-style-type: none"> <li>▪ 75 hours of supervision relating to 750 hours of counselling over a minimum of 2 years.</li> </ul>

## Page Selector

We suggest you print the whole application form. Complete the pages below.

You are currently	You are applying for	Complete and return ALL these pages	
No level within CCAA	Graduate Member	2, 3, 6, 12	4-5, 8, 9, 10
No level within CCAA	Clinical Member	2, 3, 6, 7, 12	4-5, 8, 9, 10
Associate	Graduate Member	2, 3, 6, 12	4-5, 9, 10
Associate	Clinical Member	2, 3, 6, 7, 12	4-5, 9, 10
Graduate Member	Clinical Member	2, 7, 12	4-5, 10
Full member of another PACFA Member Assoc.	Graduate Member	2, 6, 12	4-5, 8, 10
Full member of another PACFA Member Assoc.	Clinical Member	2, 6, 7	4-5, 8, 10

# Personal Details

## Application for

Graduate Member

Clinical Member

Please advise PACFA of my interest in listing on the PACFA Register

I understand that for applications accepted after 1 July 2009, will be invoiced a \$99 application fee for listing on the PACFA Register. There is NO recurring annual fee once listed on the PACFA Register.

## Declaration

The special Statutory Declaration on page 10 must be signed and returned. See page 11 for a list of eligible witnesses.

## Personal Details

Full name	
Address	
Email address/es *	
Preferred day phone	
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](http://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](http://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

Place of counselling		
Position/Role held		
Nature of work		
Modality of counselling eg CBT		

## 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"/>
Have you ever had a complaint made against you and 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"/>

## Professional Indemnity Insurance

You **must attach documentary evidence** (a certificate of currency or a letter from an employer) 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. Registered membership of CCAA requires the practitioner to have the relevant insurance for both areas (i.e. the totality) of their practice.

# Counselling Training

**Not sure if you meet requirements? Ring a Helpline, p12. It will save you time.**

Provide full details of the Professional Training Course you have completed in counselling, ie

- A **Bachelor Degree**, or equivalent, with 300 hours face-to-face training in counselling over 3 years  
OR a **Postgraduate qualification** with 200 hours face-to-face training in counselling over 2 years  
(Note: An undergraduate diploma is not sufficient, but can be used as credit for entry to a higher qualification.)
- AND 50 hours of Training Supervision relating to 200 hours of counselling internship or Client Contact

**Client contact** may include direct client contact, observation and co therapy. Clients contact hours must include a range of experience counselling clients including experiences where there are no dual relationships between client and trainee.

**Training Supervision** includes supervised role played work. **Training Completion** is when you reach 200 hours of Client Contact AND 50 hours of Training Supervision in or after your Course.

More precise definitions of terminology and what may be included in your hours are explained in the PACFA Training Standards.

Full name of Course	
Training body	
Date of Course Completion	

Full name of Course	
Training body	
Date of Course Completion	

We want to make this page as easy as possible to complete, so please don't hesitate to contact your Helpline on page 12.

Question	Your Training – Attach academic transcripts and other evidence to support your responses in this column	Minimum Training hours required for Clinical and Graduate Members
Date of 'Training Completion'		
'Client Contact' hours IN Course		40 hours of 'Client Contact'
'Client Contact' hours BETWEEN Course Completion and 'Training Completion'		–
Sum of above two answers		200 hours of 'Client Contact'

'Training Supervision' hours IN Course		10 hours of 'Training Supervision'
'Training Supervision' hours BETWEEN Course Completion and 'Training Completion'		–
Sum of above two answers		50 hours of 'Training Supervision'

## Recognition of Prior Learning

CCAA recognises that some counsellors have acquired competency through a variety of means. If you wish to apply to be a Clinical or Graduate Member through recognition of prior learning it is your task to submit a portfolio demonstrating equivalent counselling competence. Applicants must meet the criteria and a substantive proportion of the formal requirements of CCAA.

# Supervisor's Assessment

To be completed by each supervisor who has provided substantial supervision for counselling over the last 12 months.

Supervisee \_\_\_\_\_

Please rate your supervisee's counselling from 1-5 for each of the following.

Circle a number 1 to 5:      1 Inadequate      3 Adequate      5 Excellent.      Leave blank if you do not know.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | Connectedness   |
| 1 | 2 | 3 | 4 | 5 | Comfort with feelings and beliefs that might be different to their own                              |
| 1 | 2 | 3 | 4 | 5 | Absence of harmful interventions  |
| 1 | 2 | 3 | 4 | 5 | Empathy & Tracking  |
| 1 | 2 | 3 | 4 | 5 | Ability to guide or encourage movement  |
| 1 | 2 | 3 | 4 | 5 | Sense of direction  |
| 1 | 2 | 3 | 4 | 5 | Ability to identify "stuck spots"   |
| 1 | 2 | 3 | 4 | 5 | Ability to recognise, follow & challenge client's irrational thinking or "magical thinking"         |
| 1 | 2 | 3 | 4 | 5 | Ability to empower the client   |
| 1 | 2 | 3 | 4 | 5 | Understanding of psychological concepts and how to use them   |
| 1 | 2 | 3 | 4 | 5 | Ability to identify & implement counselling theory  |
| 1 | 2 | 3 | 4 | 5 | Understanding of theological/biblical issues & how to implement                                     |
| 1 | 2 | 3 | 4 | 5 | Integration of psychology & theology  |
| 1 | 2 | 3 | 4 | 5 | Awareness of professional boundaries & transference   |
| 1 | 2 | 3 | 4 | 5 | Awareness of appropriate & inappropriate dependency   |
| 1 | 2 | 3 | 4 | 5 | No harm to individual   |
| 1 | 2 | 3 | 4 | 5 | In supervision: prepared, focused, able to self-reflect, respond appropriately and accept challenge |

## Supervisor's Methods of Assessment

Please tick which manner(s) of assessment apply to your supervision:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Verbal interview      | <input type="checkbox"/> Presentation of video | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Presentation of audio | <input type="checkbox"/> Role play             | <input type="checkbox"/> Other       |

## Ethical Practice

The following questions are about the protective measures your supervisee takes against risk and complaint.

- Yes     No    Does your supervisee work with dual relationships? (CCAA Code of Ethics, Section 4\*)
- Yes     No    If 'Yes', are you satisfied he/she takes sufficient protective measures, and gains informed consent?
- Yes     No    Does your supervisee use any ministries listed in CCAA Code of Ethics, Section 4.2.3\*?
- Yes     No    If 'Yes', are you satisfied he/she clearly distinguishes them from counselling, and gains written informed consent?
- I have included further comments on ethical practice and protective measures on the back of this sheet or attached.

## Supervisor Details

Name \_\_\_\_\_ Years of Clinical Membership \_\_\_\_\_  
Counselling Qualifications \_\_\_\_\_ Professional Memberships \_\_\_\_\_  
Signed by Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### \* CCAA Code of Ethics (read full Code on [www.ccaa.net.au](http://www.ccaa.net.au))

- 4.2 Counsellors must avoid dual relationships that could impair their professional judgement or increase the risk of client exploitation. This prohibition protects the client and reduces trouble with transference and counter-transference dynamics. Specifically, this means that counsellors will not provide counselling for those with whom they have the following relationships: sexual or romantic, family, close friends, employees, trainees or supervisees. Some dual relationships are not per se unethical, but are presumed troublesome and should be avoided whenever possible. Relationships in this category would include: business, church/ministry, fraternal clubs, students and other such acquaintances. Counsellors have the responsibility of proving a justified dual relationship by showing that the client:
- 4.2.1 has given informed consent (and understands how the relationship might be harmed as counselling proceeds);
  - 4.2.2 will not be harmed or exploited through the counselling process;
  - 4.2.3 will recognise that counselling is a different process to Prayer Ministry or Prayer Counselling and that all types of Prayer Ministry including Theophotic, Word of Knowledge, Spiritual Discernment, Prophecy and other similar practices are not counselling per se; they are practices of the Christian Church. Those engaged in such Prayer Ministries who are untrained counsellors are not covered by this Code of Ethics. There is a distinction between people who engage in Prayer Ministries and those who engage in Counselling.
- 4.3 Counsellors do not terminate counselling to engage in dual relationships of any kind.
- 4.4 Counsellors do not enter into closer relationships with former clients without reflecting on, and in most cases discussing with the former client, the potential adverse impact of closer relations on possible future counselling. Some counsellors and their former clients will agree that future counselling will be done by someone else if they decide to pursue another kind of relationship.



# Theology

## Theological or Biblical Studies

For assistance, contact your Helpline on page 12.

	Tick one box
I opt to provide <b>details of qualifications</b> or training in Theological or Biblical Studies (excluding integration subjects), ie at least 125 contact hours (3 to 4 semester subjects) of an approved Theological or Biblical studies course.	Yes <input type="checkbox"/>
<b>OR</b> I opt for a <b>structured interview</b> in which I will	Yes <input type="checkbox"/>
<ol style="list-style-type: none"> <li>1. submit evidence of 'other' training that is <b>deemed equivalent</b> to the above (for how to do this, please read "Theological Requirements" on the Membership page of <a href="http://www.ccaa.net.au">www.ccaa.net.au</a>), and</li> <li>2. answer questions regarding foundational theological and biblical concepts such as sin, salvation, redemption, faith, interpretation of scripture, justification by faith and so on.</li> </ol>	

Please outline **qualifications** or training in Theological or Biblical Studies, or **deemed equivalent**.

Attach academic transcripts and other evidence.

Full course name	
Training body	
Length of course (years)	
Date of Course Completion	

Subjects studied	Contact hours
Total Contact hours = (should be at least 125)	

# Post-Training

## Post-Training Supervision and Counselling

You must provide evidence for 75 hours of supervision relating to 750 hours of counselling over a minimum of 2 years, either by completing this page, or by providing equivalent documentation.

All these supervision hours must occur AFTER the date of 'Training Completion' you wrote on the previous page.

Include each supervisor contributing to your 75 hours. Make extra copies of this page if necessary.

It is suggested that you complete the details below so all each supervisor needs do is check/adjust your figures and sign.

You may be asked to provide additional evidence of competence for your application or renewal.

For precise definitions of terminology and what may be included in your hours, refer to the PACFA Register Application Form.

### Name of supervisor:

Dates (from...to...)	
Supervisor's phone no.	
Supervisor's qualifications	
Applicant's work place	
Nature of applicant's work	

	Group Supervision hours	Individual Supervision hours	Supervision hours: add 2 boxes at left	Related Counselling hours
<b>Post-Training hours</b> with above supervisor				

Supervisor's Declaration: I certify that the above information is correct.

Signed by Supervisor \_\_\_\_\_

Date \_\_\_\_\_

### Name of supervisor:

Dates (from...to...)	
Supervisor's phone no.	
Supervisor's qualifications	
Applicant's work place	
Nature of applicant's work	

	Group Supervision hours	Individual Supervision hours	Supervision hours: add 2 boxes at left	Related Counselling hours
<b>Post-Training hours</b> with above supervisor				

Supervisor's Declaration: I certify that the above information is correct.

Signed by Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## Grand Totals of Post-Training Hours

Question	Write grand totals in this column	Minimum Post-Training hours required for Clinical Member
Supervision hours		75 supervision hours are required
Related Counselling hours		750 counselling hours are required

# Confidential Reference – Christian Standing



To be completed by minister, pastor, other. (Applicants: For "other", please read "Fellowship with a Faith Community" on the Membership page of [www.ccaa.net.au](http://www.ccaa.net.au)).

Applicant's name: \_\_\_\_\_

Application for Graduate Member

Clinical Member

## 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 the above level? Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please post to your State address:

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)	4 James Place, GUILFORD 6055
tas@ccaa.net.au	03 6229 6731	CCAA (TAS)	PO Box 246, LINDISFARNE 7015

# Confidential Reference – Professional Standing



To be completed by a supervisor or someone who knows your counselling work in a professional capacity.

Applicant's name: \_\_\_\_\_

Application for Graduate Member

Clinical Member

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I have known the applicant in a professional capacity for \_\_\_\_\_ months / years.

What do you know of this applicant's professional profile? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that the applicant is in good standing with the community and highly regarded professionally.

Yes  No  If No, please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend the applicant for joining CCAA at the above level.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please post to your State address:			
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)	4 James Place, GUILFORD 6055
tas@ccaa.net.au	03 6229 6731	CCAA (TAS)	PO Box 246, LINDISFARNE 7015

Commonwealth of Australia  
STATUTORY DECLARATION  
*Statutory Declarations Act 1959*

1 *Insert the name, address and occupation of person making the declaration*

I,<sup>1</sup> (applicant for Clinical or Graduate member of CCAA),

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

2

Regarding the attached Application Form for Clinical or Graduate membership of CCAA (Christian Counsellors Associations of Australia Inc.),

1. I declare that all the information I have provided 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.
2. I have read and agreed to abide by the CCAA Code of Ethics (see [www.ccaa.net.au](http://www.ccaa.net.au)).
3. 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.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

4 *Place*  
5 *Day*  
6 *Month and year*

Declared at <sup>4</sup> \_\_\_\_\_ on <sup>5</sup> \_\_\_\_\_ of <sup>6</sup> \_\_\_\_\_

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

**A statutory declaration under the *Statutory Declarations Act 1959* may be made before—**

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor    Dentist    Legal practitioner  
Medical practitioner    Nurse    Optometrist  
Patent attorney    Pharmacist    Physiotherapist  
Psychologist    Trade marks attorney    Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public  
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)  
Bailiff  
Bank officer with 5 or more continuous years of service  
Building society officer with 5 or more years of continuous service  
Chief executive officer of a Commonwealth court  
Clerk of a court  
Commissioner for Affidavits  
Commissioner for Declarations  
Credit union officer with 5 or more years of continuous service  
Employee of the Australian Trade Commission who is:  
    (a) in a country or place outside Australia; and  
    (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and  
    (c) exercising his or her function in that place  
Employee of the Commonwealth who is:  
    (a) in a country or place outside Australia; and  
    (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and  
    (c) exercising his or her function in that place  
Fellow of the National Tax Accountants' Association  
Finance company officer with 5 or more years of continuous service  
Holder of a statutory office not specified in another item in this list  
Judge of a court  
Justice of the Peace  
Magistrate  
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*  
Master of a court  
Member of Chartered Secretaries Australia  
Member of Engineers Australia, other than at the grade of student  
Member of the Association of Taxation and Management Accountants  
Member of the Australasian Institute of Mining and Metallurgy  
Member of the Australian Defence Force who is:  
    (a) an officer; or  
    (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or  
    (c) a warrant officer within the meaning of that Act  
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants  
Member of:  
    (a) the Parliament of the Commonwealth; or  
    (b) the Parliament of a State; or  
    (c) a Territory legislature; or  
    (d) a local government authority of a State or Territory  
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*  
Notary public  
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public  
Permanent employee of:  
    (a) the Commonwealth or a Commonwealth authority; or  
    (b) a State or Territory or a State or Territory authority; or  
    (c) a local government authority;  
    with 5 or more years of continuous service who is not specified in another item in this list  
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made  
Police officer  
Registrar, or Deputy Registrar, of a court  
Senior Executive Service employee of:  
    (a) the Commonwealth or a Commonwealth authority; or  
    (b) a State or Territory or a State or Territory authority  
Sheriff or Sheriff's officer  
Teacher employed on a full-time basis at a school or tertiary education institution

# Helplines and Postal Addresses

For further details about CCAA, visit [www.ccaa.net.au](http://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)	4 James Place, GUILFORD 6055
tas@ccaa.net.au	03 6229 6731	CCAA (TAS)	PO Box 246, LINDISFARNE 7015

## Application Checklist

### All Applicants

- All pages completed according to Page Selector on front page

You **must attach documentary evidence** (a certificate of currency or a letter from an employer) 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. Registered membership of CCAA requires the practitioner to have the relevant insurance for both areas (i.e. the totality) of their practice.

- The special Statutory Declaration on page 10 must be signed and returned. See page 11 for a list of eligible witnesses.

Only send \$50 – by cheque/money order.

- Application Fee

Once approved, you will be invoiced for your first year annual subscription.

For applications accepted after 1 July 2009, you will be invoiced a \$99 application fee for listing on the PACFA Register. There is NO recurring annual fee once listed on the PACFA Register.

### Graduate Member

- Photocopy of Academic Transcripts and other evidence of Counselling Training, page 3  
OR
- Evidence of clinical or full membership in another PACFA Member Association
- Supervisor's Assessment, page 4-5
- Photocopy of Academic Transcripts of Theological or Biblical Studies, page 6

### Clinical Member

- Documentation in the Graduate Member checklist that you have NOT previously provided
- Evidence of Post-Training Supervision and Counselling, page 7