

# Clinical and Graduate Member Annual Renewal (1/7/10 - 30/6/11)



Christian Counsellors  
Association of Australia

Current details, please mark any changes (please print)

Title	Surname		
Given Names			
Address			
Suburb			
State	Postcode		
Email address			
Work Telephone number			
Home Telephone number			
Mobile Telephone number			
FAX Telephone number			
Name: Employer or Private Practice			
Position or Title			
Current Membership Level			

Please circle your response to the following requirements for continuation of Membership:

- Are you currently practising as a counsellor? YES / NO

***During the past 12 months have you***

- Conducted at least 100 hours of counselling practice? YES / NO
- A record of counselling supervision of 10 hours or more with an approved supervisor? YES / NO
- A record of professional development (as defined by CCAA/PACFA Professional Development Policy) equivalent to a minimum of 15 hours? YES / NO

*Note: Graduate and Clinical members are required to have a minimum of 15 hours of Professional Development per year. 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.*

- Are you currently covered by Professional Indemnity Insurance for **all** areas of your counselling work? YES / NO

**Please attach a copy of your CCAA log, Supervision contract (if you have changed supervisors) and current Certificate of Currency – Insurance (workplace and/or individual)**

Your membership cannot be renewed if any of the above practice requirements have not been met. Please contact your State Office to discuss the matter (refer email addresses on website (www.ccaa.net.au)).

## Ethical Practice

The following questions are about Ethical Practice and the protective measures you take against risk and complaint.

<input type="checkbox"/> Agreed	I have read and agree to abide by the CCAA Code of Ethics.
<input type="checkbox"/> Agreed	There have been no substantiated complaints of professional misconduct in relation to my work place practice.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you work with Dual Relationships? (CCAA Code of Ethics*, Section 4).
<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', do you take sufficient protective measures, and gain informed consent?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use any Prayer Ministry, including Theophostic, Word of Knowledge, Spiritual Discernment, and Prophecy? (Sec. 4.2.3).
<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', do you clearly distinguish them from counselling, and gain written consent?

