

# CCAA Registered Supervisor



Christian Counsellors Association of Australia

**Use this form to be recognized as a Registered Supervisor with CCAA. This means your practice details will appear on CCAA 'Find a Christian Counsellor' and 'Find a Supervisor'.**

**The Applicant must have:**

1. Christian Standing
2. Eligibility for Clinical listing on the PACFA Register
3. 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association
4. Supervision Training of 2 days face to face, or the equivalent training at degree level
5. Current supervision for their Supervision practice
6. Professional indemnity insurance
7. 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:
<b>Professional Membership:</b> Clinical Member of CCAA                      YES/NO Clinical listing on PACFA Register        YES/NO Other Counselling Assoc:	Qualifications:
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. <span style="float: right;">YES/NO</span>	
I have Christian Standing ( <i>if not a CCAA or APC Clinical Member, you are required to supply a Reference of Christian Standing – print page 8 of <a href="#">Registered Member Application Form</a></i> ) <span style="float: right;">YES/NO</span>	
I have 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association ( <i>attach documentation if not a CCAA Clinical Member</i> ) <span style="float: right;">YES/NO</span>	
I have completed Supervision Training of 2 days face to face, or the equivalent training at degree level ( <i>attach documentation</i> ) <span style="float: right;">YES/NO</span>	
I am currently in Supervision for my Supervision practice ( <i>attach documentation</i> ) <span style="float: right;">YES/NO</span>	
I have current Professional Indemnity Insurance ( <i>attach documentation</i> ) <span style="float: right;">YES/NO</span>	
<input type="checkbox"/> Please list me on 'CCAA Find a Christian Counsellor/Supervisor' as a CCAA Registered Supervisor. I understand this is free for CCAA members. If I am not a CCAA member, I understand I will be invoiced \$300 per year or prorata to list.	
<input type="checkbox"/> Please contact me about becoming a Clinical Member of CCAA. If I join CCAA, clinical membership is \$290/year, but listing on 'CCAA Find a Christian Counsellor/Supervisor' is FREE.	
<b><i>I certify the above information is correct and requested documentation is attached</i></b>	
_____	_____
<b>Applicant's signature</b>	<b>Date</b>
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: PO Box 4276, CANNING VALE EAST 6155 TAS: PO Box 246, Lindisfarne 7015

<b>Office Use only</b>
Date received: _____
Committee Approval Date: _____