Association of
Personal Counsellors Inc.

CLINICAL MEMBERSHIP APPLICATION FORM

CATEGORY OF MEMBERSHIP

CLINICAL MEMBERSHIP ($225)

REQUIREMENTS

- 750 hours of counselling post training
- 75 hours supervision
- Maintenance of level requires:
  - A minimum of 10 hours individual/or a combination of group and individual, with at least 8 hrs in individual supervision and 6 hrs group.
  - 20 hours or 30 points of Professional Development.

- Basic training standards of a minimum of either:

  (a) An Undergraduate equivalent of 350 training hours with an approved body. This must be over a minimum of 3years

  (b) A Postgraduate equivalent of 200 training hours with an approved body. This must be over a minimum of 2 years.

- **Basic training must include:**

  - 200 hours of face to face counselling

  - 50 hours supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program (These 10 hours are part of the 50 hours of supervision).

  - Evidence that his or her training includes a Christian component which facilitated thinking about the integration of Christianity and Counselling.

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THE MEMBERSHIP STATUS BEING REQUESTED IN THIS APPLICATION IS:

☐ CLINICAL

Personal Details

Your personal details will be treated as private and confidential		
Name	Title	(Please circle) Mr Mrs Ms Dr Other ……
	Last name	
	First names	
Address	No., street	
	Suburb/town	
	State	
	Postcode	
Contact details	Home phone	
	Workplace name	
	Workplace address	
	Work phone	
	Mobile	
	Email	

CHURCH AFFILIATION: ……

Professional Indemnity Insurance Please **attach documentary evidence** (your insurance certificate or letter from your employer) of your **current** Professional Indemnity Insurance cover. Note that without this evidence we cannot process your membership application.	
Company name	
Policy number	
Expiry date	

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Training Course Details

- You may need to photocopy this sheet. You will need a new sheet for each course that you have completed.
- A copy of the relevant documentation relating to your training should be attached to each sheet for each course that you wish to be included for consideration. ALL DOCUMENTATION MUST BE CERTIFIED BY A J.P.
- You must include the **number of training hours** for each course.

Full Course Name	
Training Institution	
Length of course (years)	
Total Number of Training Hours within course	
Number of face to face counselling hours practicum within course	
Number of supervision hours in relation to the face to face counselling	
Commencement date Completion date	
Subject list	

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Professional Development Details

Attach to the top left hand corner a copy of the relevant documentation relating to each PD course undertaken. You must include the number of hours for each course.

Full Course Name	Course Provider	Hours
1.		
2.		
3.		
4.		
5.		
TOTAL PD HOURS		

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Work Practice Details

Name of workplace (1)	
Position held	
Counselling hours per week	
Describe the nature of your work – eg	Circle that which applies: Relationship, Individual, Family

Total Counselling hours: ……

Name of workplace (2)	
Position held	
Counselling hours per week	
Describe the nature of your work –	Circle that which applies: Relationship, Individual, Family

Total Counselling hours: ……

TOTAL NUMBER OF COUNSELLING HOURS	
2009-10	

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Supervision Details

- A separate sheet is required for each supervisor. Photocopy this sheet as necessary.

Full name of applicant		
Full name of supervisor		
Supervisor's address		
Supervisor's telephone number		
Supervisor's email		
Supervisor's Qualifications		
Type of supervision (individual or group)		
Total supervision hours of applicant	Individual	Group
Supervision hours during past 12 months	Individual	Group

The following questions are to be answered by your supervisor:

1. Does the applicant attend supervision regularly? YES/NO
2. Does the applicant show a positive attitude towards supervision? YES/NO
3. Does the applicant reflect and respond creatively in the client – counsellor relationship? YES/NO
4. Does the applicant present evidence of ability to evaluate his or her counselling? YES/NO
5. Can the applicant articulate a philosophy and methodology of counselling? YES/NO
6. Do you have confidence in the applicant's ethical integrity? YES/NO
7. Do you have any information concerning the applicant's counselling or conduct which might prejudice their application? YES/NO

Comment on your answer ……..
…….

Any further comments ……
…….

Supervisor's declaration

I hereby certify that all of the details provided on this sheet are, to the best of my knowledge, true and correct.

…… ……
Supervisor's signature Date

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Ethical Conduct

1. Are there any complaints of professional misconduct currently under investigation in relation to your work practice?	o No o Yes – attach details to this sheet
2. Are you aware of any formal complaints of professional misconduct about you being made to any professional association at any time?	o No o Yes – attach details to this sheet
3. Have you ever been refused entry to a professional association because of professional misconduct?	o No o Yes – attach details to this sheet
4. Have you ever been dismissed or suspended from a professional association because of professional misconduct?	o No o Yes – attach details to this sheet
5. Have you had an adverse finding as a result of a "Working with Children" pre-employment check?	o No o Yes – attach details to this sheet
6. Are you a "prohibited" or "registrable" person as defined by the following NSW legislation? • Commission for Children and Young People Act 1998 • Child Protection Act 1998	o No o Yes – attach details to this sheet
7. Are you currently under investigation by the police or do you have a criminal record?	o No o Yes – attach details to this sheet

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Membership Declaration

I declare that:

1. I have read and agree to abide by the Ethical Guidelines of the APC*.

2. I declare that the information I have provided in this Membership Application Form is true and correct.

3. I agree that the Committee of the APC may verify the information provided by me in this Membership Application Form.

4. I understand that any failure to make a full and accurate disclosure in this declaration may lead to a denial or termination of membership of the APC.

5. I am a practising believer in the Lord Jesus Christ and my counselling work is done in His name.

6. Has any professional complaint been made against you in the past 12 months? (*Tick the appropriate box below*.)

❑ Yes (Please provide details on a separate sheet)

❑ No

…… ……..

Signature **Date**

The ethical guidelines are available from the APC website at http://www.apc.asn.au

Payment: $225.00

Please enclose a cheque made out to Association of Personal Counsellors
Or
Direct deposit:

Name	Association of Personal Counsellors
BSB	032 685
Account	164484

Please include the details below of your transfer.

Date	
Amount	
Reference Number	

All applications to mailed with payment to
Membership Secretary,
APC Inc, PO Box 4116,
Homebush South, 2140.