



Counsellors Victoria Inc.

Formerly known as Federation of Victorian Counsellors Inc.

MEMBERSHIP APPLICATION FORM

ABN 95 948 631 315
www.counsellorsvictoria.asn.au

Please note to apply for membership to this association **you must be a full member of the Australian Counselling Association (ACA)** or currently undertaking recognized counselling studies. The ACA is this association's umbrella body and we abide by the Code of Conduct and the Disciplinary Code of ACA. All members of this association are accountable in regard to complaints to the ACA and must abide by the outcomes of the ACA disciplinary process.

PERSONAL DETAILS :

Title Name DOB:
Address Post Code
Phone Mobile Email

FULL MEMBERSHIP APPLICATION DETAILS :

Are you a registered member of the Australian Counselling Association (ACA) YES / NO
Please include a copy of your ACA Certificate of Membership with this application
Are you currently a practicing Counsellor YES / NO
Do you have Professional Indemnity & Public Liability insurance cover? *Include copy with application* YES / NO
Do you have a Professional Supervisor registered with ACA / CV Inc. YES / NO
Supervisor Name.....ACA/CV No.

STUDENT MEMBERSHIP APPLICATION DETAILS :

Course Name :
Educational Institution :
Date Commenced Expected Completion Date :

CONDUCT (All applicants to complete)

A 'YES' answer to any of the following will not necessarily preclude you from membership. If you answer 'no' to any of the following and it is found at a later date you have misled Counsellors Victoria, your membership will be cancelled immediately.

Are there any complaints of professional misconduct currently under investigation in relation to your past or current work? YES / NO
Are you aware of any formal complaints of professional misconduct having been made to any professional association or registration board against you at any time? YES / NO
Have you ever been refused entry to a professional association or a registration board because of reports of professional misconduct? YES / NO
Have you ever been dismissed from to a professional association or a registration board because of reports of professional misconduct? YES / NO
Do you have a criminal record? YES / NO
Are you currently under investigation by State, Territory or Federal Police? YES / NO

****Please provide further information if you have answered "YES" to any of the above (on a separate sheet of paper)**

MEMBERSHIP AGREEMENT

I,....., agree to abide by the Constitution, Objectives, Disciplinary Code and Regulations of Counsellors Victoria Inc. (CV) formally known as Federation of Victorian Counsellors and the Australian Counselling Association (ACA) Code of Conduct.

I also give my permission for an authorized representative of CV to contact my supervisor or any other person whom I have nominated to support this application for verification purposes.

I also swear that the information provided in this application is accurate and true at the date of signing.

Student applicants only :

I, agree that in applying for membership as a student member that I will not offer or accept work regardless of being paid or not as a counsellor, nor will I give the impression that I am a practicing counsellor*.

All applicants :

Signature Date

*Practicing Counsellor – A counsellor who has recognized qualifications as a counsellor and who accepts payment of any kind for a service as a counsellor. This does not include volunteer non-paid work.

I am applying for :

FULL MEMBERSHIP \$70.00 p/a STUDENT MEMBERSHIP \$40.00 p/a

PRO-RATA Rates :	FULL	STUDENT
1 st July to 30 th June	70.00	40.00
1 st October to 30 th June	50.00	30.00
1 st January to 30 th June	35.00	20.00
1 st April to 30 th June	20.00	10.00

Direct Deposit or Internet Banking

Bank: Bendigo Bank
Name: Counsellors Victoria Inc
BSB: 633 108
A/C No: 120 414 073
Reference: Name

****Please enclose a copy of direct payment details with this application**

I enclose my Cheque / Money Order No..... made payable to: **Counsellors Victoria Inc** for \$

Please return this application form and all required supporting documentation with your payment, or direct payment bank receipt to :

Joan Wray
Memberships
P O Box 6144
SURF BEACH VIC 3922

Any queries regarding this application can be directed to Joan Wray, Membership Officer on 0418 574098 or by email joanwray@bigpond.com Please be aware that it may take up to four weeks for your application to be processed.

Thank you for your application