



APPLICATION FOR 2010 ASCCANZ MEMBERSHIP RENEWAL

Please print off and complete hard copy

Please complete the details below in order for us to check our database against your current details. Please return this information with attachments and your payment before 30 March 2010 to:

Eveline Crotty (CTS Convener) 17 Young Street, Redfern NSW 2016

Renewal Fee for 2010: \$250.00 early bird payment by April 1, \$220.00

Candidate renewal fee: \$150.00 early bird payment by April 1, \$110.00

ASCCANZ MEMBERSHIP RENEWAL ADVICE SLIP

Category of membership: _____ Candidate/Coach/Supervisor/Consultant/Other

Name: _____

Address: _____

Suburb: _____

State: _____ Post Code: _____

Home ph: _____

Work ph: _____

Mobile ph: _____

Email: _____

Employer name: _____

Private practice name: _____

What categories do you wish to be noted under on the website

[Candidate](#) [Supervisor](#) [Coach](#) [Consultant](#) [Trainer](#)

(1) STATEMENT OF SUPERVISION

Supervisors, Coaches and Consultants are required to have professional supervision on a regular basis. Supervisors, Coaches and Consultants are required to have 5 hours of supervision in a calendar year. Group supervision hours count for half (e.g. 2 hours of group supervision count for 1- hour individual supervision)

Please have your supervisor fill out the declaration below.

Supervisor Declaration

Supervisor 1 (if you have more than one supervisor please copy this form and fill out a separate form for each supervisor)

I (Supervisor Name) _____ hereby declare that
(Member name) _____ has undertaken supervision during the
previous 12 months (1 January – 31 December). Accountable hours are:

_____ Hrs of individual supervision

_____ Hrs of group supervision

I declare that to the best of my knowledge that (Member’s Name)
_____ is practising competently and ethically.

Supervisor’s Qualifications _____

Supervisor’s years of experience _____

Supervisor’s Address _____

Supervisor’s Email _____

Supervisor’s Telephone (w) _____ (m) _____

Signature of Supervisor _____

(2) STATEMENT OF CURRENCY

I have attached a copy of my current indemnity insurance

(If you require Professional Indemnity cover please contact the Insurance Broker Alex Bodnar on 0410 610998 and when you have received your Professional Indemnity cover please attach a copy to your renewal form before forwarding your renewal payment and form.)

(3) STATEMENT OF PROFESSIONAL DEVELOPMENT

Please list a summary of your professional development undertaken in the previous twelve months (1 January – 31 December.). A random audit requiring **copies of certificates of attendance** will be carried out.

DATE	DETAILS OF FORMAL PROFESSIONAL DEVELOPMENT ACTIVITIES	HOURS
	Total Hours:	

(4) STATEMENT OF ETHICS

By signing this document, I declare that:

- (a) I have read and agree with the ASCCANZ code of ethics (please check: www.asccanz.org for details)
- (b) I have had no complaints of professional misconduct in relation to my work, nor have I had an ethics claim made against me during the previous period.

Name:

Signature:

Date: