



CANDIDATE IN TRAINING APPLICATION FORM

Name

Title(s)

Post address

City

Postcode

State / Country

Organisation

Role

Landline

Mobile

Email address

I am applying for membership of ASCCANZ as a candidate

- I attach proof of my current status as a trainee **supervisor** or **coach** (*Please circle which one.*)
- I will accept the assessment of my files by the Commission for Training Standards (CTS).
- I have paid \$110 into the St George account (BSB 112-879: Account 125939695) or include a cheque. Cheques to be made payable to ASCCANZ, P.O. Box 813, Surry Hills NSW 2010 Australia
- Please send completed form to CTS Convenor, P.O. Box 813, Surry Hills NSW 2010 Australia

Date:

Signature:

1. Training Institute endorsement letter

..... (name of applicant) is currently in training with

..... (name of the training institute)

This training will be concluded on or about (date)

Signed by head of training on (date).....

(name).....

(signature).....

Ethical statement

Please answer each of these questions and specify in case of “Yes”

Have any formal complaints of professional misconduct been made to any professional association against you at any time?

Yes

No

Are there any complaints of professional misconduct against you currently under investigation?

Yes

No

Have you ever been dismissed from a professional association because of professional misconduct?

Yes

No

Have you ever been refused entry to a professional association because of professional misconduct?

Yes

No

Do you have a criminal record?

Yes

No

Are you currently under investigation by the police?

Yes

No

3. Professional Indemnity cover

I have included a copy of my professional indemnity cover

If you require Professional Indemnity cover, you could contact

www.rowlandhouse.com.au and follow the prompts to Professional Indemnity (left bottom of screen) When applying make sure you note that you are an ASCCANZ member.

You may of course apply to an Insurer of your choice.

4. Code of ethics ASCCANZ

I have read the code of ethics of ASCCANZ (see www.asccanz.org).

I acknowledge that to remain on the ASCCANZ register I need to abide by this code of ethics.

Date:

Signature:

Upon completion please forward all relevant documents to:

**CTS Convenor
ASCCANZ
P.O. Box 813
Surry Hills NSW 2010 Australia**