



MEMBERSHIP AS SUPERVISOR TRAINER FORM

Given names

Title(s)

Post address

City

Postcode

Country / State

Organisation

Role

Landline

Mobile phone

Fax

Emailaddress

I apply for membership as a Supervisor Trainer- based on (tick appropriate box):

- Appreciation of prior learning (fill in full form)**
- Mutual agreement ASCCANZ with EAS / ANSE (fill in form without p.6)**
- Mutual agreement ASCCANZ – WPATA (fill in form without p.6)**

I am applying for membership of ASCCANZ as a **SUPERVISOR TRAINER**

- I have completed the documentation of my previous learning and include payment of \$110,-
- I will accept the assessment of my files by the Commission for Training Standards (CTS). Until accepted, I hold membership as a CANDIDATE
- After being accepted as a supervisor I will pay the full membership fee (minus the down payment as a candidate)

Payments to be made to ASCCANZ on BSB 112-879 : Account 125939695 . Cheques payable to ASCCANZ and attached is documentation.

All documentation to be forwarded to the CTS Convenor, P.O.Box 813, Surry Hills NSW 2010 Australia

Date:

Signature

1. Training background

Highest degree:

(Name of degree, name of institution, year - attach copy of degree)

Other relevant degrees / training:

(Name of degree, names of institutions, year of accomplishment, number of hours - attach copies of certificates / diploma's))

2. Hours of supervision received as part of my training

3. Hours of supervision received after completion of training

(Attach list with number of hours and names of supervisors from own training history)

4. Hours of personal psychotherapy or counselling

(Attach list with number of hours and name(s) of therapists and/or counsellors)

5. Supervisor endorsement - to be completed by 2 of your supervisors – past and present (please copy this form and fill out a separate form for each supervisor)

Supervisor Declaration

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 _____

Please write a brief assessment of his/her qualities as a supervisor trainer and attach as a separate sheet

(To include issues such as: applicant's level of competence, strengths, reliability, ethical standards, awareness of own boundaries, referral, professional standing)

6. Attendance of workshops, seminars and conferences

Please list attendance of workshops seminars or conferences in the past 10 years, that consider relevant for your professional development as a supervisor trainer.

Date	Title of workshop	No. of hours
Total Hours		

8. Declaration of quality

Please describe in your own words why you think that (1) your way of working, (2) the methods you use and (3) the experience you have, make you a qualified supervisor trainer.

9. **Ethical statement**

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

- e) Do you have a criminal record?

Yes

No

- f) Are you currently under investigation by the police?

Yes

No

10. Code of ethics ASCCANZ

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

I acknowledge that my remaining on the ASCCANZ register depends upon my living up to its requirements

Date:

Signature:

11. STATEMENT OF CURRENCY

I attach a copy of my current indemnity insurance

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 contact another Insurer of your choice.