



## MEMBERSHIP AS SUPERVISOR 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- 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**

- I have completed the documentation of my 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 (\$220.00) (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 supervisory 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 own psychotherapy or counselling**

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

- a. 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 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)

**5. 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.

| Date               | Title of workshop | No. of hours |
|--------------------|-------------------|--------------|
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| <b>Total Hours</b> |                   |              |



## **7. 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.

8. **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](http://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](http://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.*