



ASCCANZ

Association for Supervision, Coaching, Consultancy in Australia & New Zealand

3 Church Street
Waverley, NSW 2024, Australia

www.asccanz.org

ph: +61 2 9386 1488

fax: +61 2 9369 4227

e: info@asccanz.org

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.

I will accept the assessment of my files by the Commission for Training Standards (CTS).

I have paid A\$ 110,-. on BSB 112-879 (St. George Bondi Junction) account 125939695 of ASCCANZ., or include a cheque. Cheques must be made payable to ASCCANZ, 3 Church Street Waverley, NSW 2024 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).....

2. 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

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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

3. Professional Indemnity cover

I have included a copy of my professional indemnity cover

(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 this application form.)

4. Code of ethics ASCCANZ

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

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

Date:

Signature:

Upon completion please forward this documentation to

**Eveline Crotty
CTS Convenor - ASCCANZ
17 Young Street,
Redfern NSW 2016**

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