



ASCCANZ

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

3 Church Street  
Waverley, NSW 2024, Australia

[www.asccanz.org](http://www.asccanz.org)

ph: +61 2 9386 1488

fax: +61 2 9369 4227

e: [info@asccanz.org](mailto:info@asccanz.org)

**Given names**

**Title(s)**

**Post address**

**City**

**Postcode**

**Country / State**

**Organisation**

**Role**

**Landline**

**Mobile phone**

**Fax**

**Emailaddress**

I am applying for membership of ASCCANZ as a

**SUPERVISOR / COACH / CONSULTANT**

I attach proof of my previous learning as requested; and have paid \$110,-

I will accept the assessment of my files by the Commission for Training Standards (CTS). Till then I hold membership as a CANDIDATE

After being accepted as a supervisor I will pay the full membership fee (minus the downpayment as a candidate)

All payments go to ASCCANZ on BSB 112-879 (St. George Bondi Junction) account 125939695 of ASCCANZ.

Cheques must be made payable to ASCCANZ, 3 Church Street Waverley, NSW 2024 Australia

Date:

Signature:

ASCCANZ  
3 Church Street,  
Waverley NSW 2024

**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))

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**2. Hours of received supervision as part of my training**

**3. Hours of received supervision on own projects (after training)**

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

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**4. Hours of own psychotherapy or counselling**

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

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**5. Supervisor endorsement**

(please, have two of your past or present supervisors fill in this form)

**Undersigned:**

**I have been a supervisor of (name of applicant):**

**during (period):**

**over a total number of sessions (number):**

I would like to give following assessment of his/her qualities as a coach\*,  
supervisor\* or consultant\* (\*underline the relevant role):

(please take into account issues such as: applicant's level of competence, strengths, reliability,  
ethical standards, awareness of own boundaries, referral, professional standing)

Date:

Signature:

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**6. Attended workshops, seminars and conferences**

Please list any workshop, seminar or conference in the past 10 years, that you have followed, that you consider relevant for your professional development.

<b><i>Date</i></b>	<b><i>Title of workshop/seminar/conference</i></b>	<b><i>Number of hours</i></b>
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**Total number of hours:**

**7. Work experience**

List your work experience as a coach\*, supervisor\* or consultant\* (underline the relevant profession).

<b>Years</b>	<b>Working environment (employer / clients)</b>	<b>Type of work</b>	<b>No. of Hours</b>
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**Total number of hours**

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5

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## **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 coach, supervisor or consultant.

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

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No

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**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:

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**11. 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 this form.)*

***Upon completion of this documentation please forward to:***

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

**ASCCANZ**

3 Church Street,  
Waverley NSW 2024