

APPLICATION TO UPGRADE MEMBERSHIP

Please use block letters

Family Name: _____

Given Name: _____

Postal Address _____

Post code _____

Telephone (w) _____ (h) _____ (mob) _____

Email _____

Upgrade from: (please tick)

- **Affiliate to Associate**
- **Associate to Provisional**
- **Associate to Clinical**
- **Provisional to Clinical**

Upgrading from Affiliate to Associate (you must complete a fresh Application Form)

1. You have completed an **approved** training programme that meets PACFA minimum standards
2. You are ready to commence professional practice as a Counsellor
3. You have a Supervision Contract
4. You have a current Professional Indemnity Policy covering **all** areas of your work as a Counsellor

Upgrading from Associate to Provisional

1. You have completed 50 hours supervision linked to 200 hours of client contact either during training or immediately after
2. You have signed Reports from your Supervisor/s certifying that you have met the above practice requirements
3. You have a Supervision Contract
4. You have a current Professional Indemnity Policy covering **all** areas of your work as a Counsellor

Upgrading from Provisional to Clinical

1. You have completed a further 750 hours of client contact
2. You have had a minimum of 75 hours counselling supervision linked to the above client contact hours
3. You have signed Reports from your Supervisor/s certifying that you have met the above practice requirements
4. You have a current Supervision Contract or Contracts covering **all** areas of your work as a Counsellor
5. You have a current Professional Indemnity Policy covering **all** areas of your work as a Counsellor

I have attached the following documentation: (tick the relevant lines)

-Certified copies of course completion certificate/s & official academic transcript/s
-Copy of current professional Indemnity Policy
- Supervision Contract on the prescribed form
- Supervisor/s Reports on the prescribed form

A processing fee of \$55.00 to upgrade from Affiliate to Associate or \$77 to upgrade from Associate to Provisional or Provisional to Clinical must be included with the paper application.

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Signature

.....
Date

QCA OFFICE USE ONLY	Date received	Date endorsed	Membership Category	Amount paid	Receipt Number