



## QUEENSLAND COUNSELLORS ASSOCIATION INC

Member Association of Psychotherapy and Counselling Federation of Australia

### MEMBERSHIP APPLICATION FORM

For

Clinical, Provisional and Associate Membership

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Title \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (mob) \_\_\_\_\_

Email \_\_\_\_\_

Current Profession or Job Description \_\_\_\_\_

Organization/Private Practice \_\_\_\_\_

Address \_\_\_\_\_

Application for (please tick)

Clinical \_\_\_\_\_

Provisional \_\_\_\_\_

Associate \_\_\_\_\_

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

## **Clinical**

### ***Tick relevant sections***

1.  fulfils the conditions of Provisional membership below and in addition has a **further** 750 hours of post qualification client contact and 75 hours of related supervision over a minimum of two years, and;
2.  Has a current contract with a clinical supervisor
3.  Has a current professional indemnity insurance policy
4.  Is currently practicing as a counsellor or educator

A Clinical member may use the post nominal MQCA (Clinical).

### ***List practice and supervision hours, starting with the most recent\****

Date started	Date ended	Supervisor's Name	Practice hours	Supervision hours

TOTALS: \_\_\_\_\_

\*Please provide supervisor verification on the prescribed form (see QCA website)

## **Provisional**

### ***Tick relevant sections***

1.  Has education and training in counselling and psychotherapy undertaken in a qualification approved by the Tertiary Education Quality Standards Agency (TEQSA) or the Australian Skills Quality Authority (ASQA) at either the undergraduate or postgraduate levels (AQF level 7 to 9). The minimum volume of learning requirements listed below applies to any program, whether undergraduate or postgraduate.
  - 400 hours of instruction (minimum) (applicable to AQF level 7-9). This may be made up of:
    - (i) 200 hours direct person-to-person instruction of which 60 hours may be synchronous online (e.g., interactive webinars).

This equates to 140 hours which must be solely taught face-to-face, plus 60 hours of synchronous training

The central focus of this person-to-person instruction is on interpersonal skills development

- (ii) 200 hours of instruction may be conducted via online asynchronous training for theory-based studies.

In addition, a minimum of 40 hours of face-to-face counselling or psychotherapy practice (client contact) with 10 hours of supervision (related to client contact) must be completed within training and assessed as successful by the training provider. Successful completion of supervised practice is required to be evidenced by a log signed by the responsible supervisor(s), and;

2.  Has a current contract with a clinical supervisor
3.  Has a current professional indemnity insurance policy
4.  Is currently practising as a counsellor or educator

A Provisional member may use the post nominal MQCA (Provisional)

**List practice and supervision hours, starting with the most recent\***

Date started	Date ended	Supervisor's Name	Practice hours	Supervision hours

TOTALS: \_\_\_\_\_

\*Please provide supervisor verification on the prescribed form (see QCA website)

**Associate**

**Tick relevant sections**

1.  Has relevant training in counselling/psychotherapy to at least Diploma standard (or equivalent) and;
2.  Has a current contract with a clinical supervisor
3.  Has a current professional indemnity insurance policy and
4.  Is currently practising as a counsellor

An Associate member may use the post nominal MQCA (Assoc).

**Ethical Conduct – applicable to all levels of membership**

**Please circle the appropriate response to the following statements**

There are complaints of professional misconduct currently under investigation in relation to my counselling practice YES/NO

I am aware of a formal complaint of professional misconduct against me made to a Professional Association having being upheld YES/NO

I have been refused membership of a Professional Association because of reports of professional misconduct YES/NO

I have been dismissed from a Professional Association because of reports of professional misconduct YES/NO

I have a record of a criminal offence YES/NO

I am currently under investigation by State, Territory or Federal Police YES/NO

Please provide details if you have answered **yes** to any of the above questions. This will not necessarily prevent you from becoming a member of QCA.

I have read the Code of Ethics of the Queensland Counsellors Association and acknowledge that my continuing membership will depend upon adhering to its requirements YES/NO

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Recognition of Prior Learning (RPL)**

This pathway is open to senior applicants who have extensive experience over many years and who have acquired significant knowledge and expertise through non-formal training. Such applicants would have commenced practice before accredited counselling courses/clinical supervision were available. Those who wish to consider this pathway are advised to discuss their particular circumstances with the Registrar.

Those relying on overseas qualifications will require a longer processing time.

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A processing fee of \$77.00 must be included with all paper applications.

*If paying by cheque please make payable to QCA Inc. If paying by Direct Deposit, use the following:*

*Bank: RACQ Bank  
BSB: 514179  
Account #: 1208791  
Name: Queensland Counsellors Association*

***Please ensure that your name appears in EFT details so payments can be reconciled. Payment advice together with Application & documentation should be posted to:***

**Queensland Counsellors Association Inc  
PO Box 3319  
Bracken Ridge Q 4017**

**Any queries related to the completion of this form should be directed to the Registrar QCA at [registrar@gca.asn.au](mailto:registrar@gca.asn.au) or Tel. 0402 074 134.**

## APPLICATION CHECK LIST

*(Must accompany application)*

**Please read carefully and check all relevant boxes before submitting your application. Incomplete and/or applications lacking the required documentation will be returned.**

### 1. Clinical/Provisional Member

- Official *certified* certificates from training institution
- Official *certified* academic records from training institution
- Documentary evidence for hours of *training* client contact and supervision
- Supervisors' reports on specified forms – see website
- Supervision contract on specified forms – see website
- Copy of current professional indemnity policy covering *all* contexts of practice
- Application Fee

### 2. Associate Member

- Official *certified* certificates from training institution
- Official *certified* academic records from training institution
- Supervision contract on specified forms – see website
- Copy of current professional indemnity policy covering *all* contexts of practice
- Application fee

#### **PLEASE NOTE:**

- **Do not send documentation that is not requested – personal references, letters of commendation, professional development certificates, promotion material, business brochures/cards – are not required for applications for a particular level of membership. If sent such material will not be retained on file**
- **Overseas Training Courses and courses not currently accredited by PACFA will take longer to process.**

**PLEASE RETAIN COPIES OF ALL DOCUMENTS SENT AS THERE IS ALWAYS THE POSSIBILITY THAT THEY MAY BE LOST IN THE MAIL OR INADVERTENTLY MISPLACED**