



## QUEENSLAND COUNSELLORS ASSOCIATION INC

Member Association of Psychotherapy and Counselling Federation of Australia

### STUDENT MEMBERSHIP APPLICATION FORM

Please use block letters

Title \_\_\_\_\_

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

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

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

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

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

Email \_\_\_\_\_

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

# STUDENT

*Please complete the following details:*

1. Is currently enrolled in an approved training course in counselling or psychotherapy or equivalent

**Details of current enrolment:**

Name of Institution: .....

Name of Course:.....

Date course commenced..... Expected completion date.....

## **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:** \_\_\_\_\_

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A processing fee of \$11.00 must be included with all 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@qca.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. Student Member**

- Certified documentary evidence of ***current*** enrolment in a training course in counselling/psychotherapy.

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