



ABN 76 366 995 021

QCA is a constituent Member Association of the Psychotherapy and Counselling Federation of Australia Inc. (PACFA)

Application for Renewal of QCA Membership (Fellow/Clinical/Provisional/Associate) July 2019 - June 2020

Contact details BLOCK CAPITALS PLEASE

Family Name	Given Names
Postal Address	
Post Code	
Telephone (w) _____ (h) _____ (m) _____	
Email	
Name of Employer or name of Private Practice	Position or Title
Current Membership Category (please tick) <input type="checkbox"/> Fellow Post Nominal: FQCA <input type="checkbox"/> Clinical Post Nom: MQCA (Clinical) <input type="checkbox"/> Provisional Post Nom: MQCA (Prov) <input type="checkbox"/> Associate Post Nom: MQCA (Assoc)	Fee payable- includes GST (please tick) <input type="checkbox"/> Fellow \$99 <input type="checkbox"/> Clinical \$354 <input type="checkbox"/> Provisional \$270 <input type="checkbox"/> Associate \$220
(see Membership Criteria on QCA website)	

Please circle your response to the following requirements for continuation of Membership

Are you currently practising as a counsellor? YES/NO

If 'NO' have you had approval of 'Leave of Absence' YES/NO

During the past 12 months have you:-

· A record of a minimum of 100 client contact hours? (Associate Members only) YES/NO

· A record of a minimum of 10 hours counselling supervision linked to client contact hours? YES/NO

· A record of professional development (as defined in QCA Professional Development Policy)
Equivalent to a minimum of 20 hours? YES/NO

Are you currently covered by professional indemnity insurance for **ALL** areas of your counselling work? YES/NO

Your membership cannot be renewed if any of the above practice requirements have not been met.
(see membership info on the website). Please contact the Registrar at registrar@qca.asn.au, to discuss the matter if you have been unable to fulfil any of the above requirements.

NOTE: You must keep evidence of all the above for a minimum of 3 years for audit purposes

During the last year have there been any substantiated formal complaints of professional misconduct in relation to your work as a Counsellor/Supervisor/Trainer or are there any complaints currently under investigation? YES/NO*

(If 'yes' please provide QCA with details)

Do you have a criminal record or are you currently under investigation by State, Territory, Federal or International Police? YES/NO*

If 'yes' please provide QCA with details)

***NOTE: A 'yes' answer to either of the last two questions will not necessarily exclude you from QCA membership**

Do you wish to list your professional details on the QCA website under counsellors for the coming year? YES/NO
This listing is free.

You may visit our website www.qca.asn.au to view current listings. You can update your profile directly via the QCA website <https://qca.asn.au/member-area/online-counsellor-profile/> If you have any difficulties with this please contact our IT support person: florence@qca.asn.au

CERTIFICATION

1. I certify that the above information is correct and my records will be made available if required.

2. I acknowledge that QCA requires each member to maintain high ethical and professional standards when practicing as a counsellor. I have read the QCA Code of Ethics and I acknowledge that my remaining a member of QCA depends upon my adhering to its requirements.

3. I acknowledge that should QCA receive a complaint about my professional standards or ethical behaviour as a member of QCA, that they are required to investigate the matter. I am aware that QCA has appointed an Ethics committee to deal with matters of this nature.

Member's signature

___/___/___
Date

