

**2015 – 2016 MEMBERSHIP RENEWAL FORM**

Your Full Name: .....

Postal Address: .....

.....State: .....Postcode: .....

Email: .....

Phone: ..... Mobile: .....

**Membership fees are for one financial year or part thereof. Please tick appropriate level of membership renewal:**

- Renewal of Full Membership - \$415 (\$385 before 30 June)
- Renewal of Associate Membership - \$230 (\$200 before 30 June)
- Renewal of Affiliate Membership - \$190 (\$160 before 30 June)
- Renewal of Student\* Membership - \$ 55 (\$45 before 30 June)

*\* Applicable to full time students*

**Payment Options**

Payment of \$..... (please enter amount and tick below)

- Crossed Cheque** payable to AABCAP
- Bank Transfer** (Please state date of transfer) on .....  
Account Name: Australian Association of Buddhist Counsellors and Psychotherapists  
Bank: Commonwealth Bank of Australia  
BSB: 062 229  
Account No: 1009 0459

## Membership Categories

### **1. Full Membership** - Full Members are members who:

- a) Have a PACFA (Psychotherapists and Counsellors Federation of Australia) Member Association Full Membership, (For a list of PACFA Member Association see PACFA website [www.pacfa.org.au](http://www.pacfa.org.au))

**OR**

- b) Belong to an incorporated helping profession & fulfil the training requirements for membership of PACFA or its equivalents. The training requirements of PACFA:

*Members must have successfully completed at least a bachelor degree or equivalent in terms of level and depth of training as defined by the Australian Qualification Framework over a minimum of three years for undergraduate and 2 years for postgraduate, 200 hours of person-to-person psychotherapy and/or counselling training and 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program (These 10 hours are part of the 50 hours of supervision). (For more information see PACFA website [www.pacfa.org.au](http://www.pacfa.org.au))*

**If you have not previously provided us with copies of your formal qualifications please do so including any copies of professional memberships as we are required to have all documentation on file for PACFA registration. Please also complete the section below – all documentation will remain securely stored as per AABCAP’s privacy policy – thank you for your cooperation:** (compulsory for renewing Full Members and upgrades to Full Membership)

**2. Associate Membership:** Associate members are members of an incorporated association of a helping profession.

**3. Affiliate Membership:** Affiliate members are those who are not members of an incorporated helping profession but wish to involve themselves in the activities of AABCAP.

**4. Student Membership:** This applies only to full-time students.





# CHECKLIST

## **FULL and ASSOCIATE Membership**

### **I confirm that:**

- I have fulfilled the minimum yearly requirements at least 10 hours of supervision linked to practise within the past 12 months or 15 hours (for over 400 clients hours) of supervision linked to practise.
- I have included evidence of supervision, signed by supervisor and/or member of peer supervision.
- I have undertaken a minimum of 40 points of professional development / continuing education as per the requirements.
- I have included evidence and documentation for my personal development with this application.
- I have signed and included my nomination form with this application (if applicable).
- I have completed all information for my membership profile and have provided documentation evidence of my formal qualifications.
- I have enclosed a copy of my current professional indemnity cover – or I am covered under my employer’s insurance and attach a letter from my employer stating so.
- I have advised of permission and included my details for the AABCAP website “Find a Therapist” (FULL members only).
- I have read and agree to abide by the Ethical Guidelines of AABCAP.
- I have included proof of payment for my membership with this application.

Signed.....Date.....

Please Post this form in full with payment to: PO Box 2115, Bondi Junction NSW 1355  
Alternatively scan and email your application form and documentation & evidence of payment to:  
[info@buddhismandpsychotherapy.org](mailto:info@buddhismandpsychotherapy.org)

***FYI. Those wishing to be listed on the PACFA register will be required to complete a separate PACFA application form available from the PACFA website. Please notify AABCAP so we can send an endorsement form to accompany your application. (Full Members only).***

Comments / Suggestions/ Requests: .....

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### **Office use only:**

Confirmed Category of New membership : Associate Full  
Date Approved: ..... Member # ..... Receipt # ..... Completed by: .....

# CHECKLIST

## AFFILIATE Member

### I confirm that:

- I enclose a copy of my current professional indemnity cover – or I am covered under my employer’s insurance and attach a letter or proof stating so. (Only if practising and/or applicable)
- I have completed all information for my membership profile. (please note no formal qualifications required)
- I have read and agree to abide by the Ethical Guidelines of AABCAP.
- I have included a receipt of payment and/or information for payment with this application.

Signed:..... Date: .....

## FULL TIME Student Member

### I confirm that:

- I am currently studying full time, ..... number of hours per week.
- I enclose a copy of my current professional indemnity cover – or I am covered under my employer’s insurance and attach a letter or proof stating so. (Only if practising and/or applicable)
- I have completed all information for my membership profile. (please note no formal qualifications required)
- I have read and agree to abide by the Ethical Guidelines of AABCAP.
- I have included a receipt of payment and/or information for payment with this application.

Name of Training Institution: .....

Course Name: .....

Course Start Date: ..... Finish Date:.....

Student ID number: .....

Signed:..... Date: .....

Please Post this form in full with payment to: PO Box 2115, Bondi Junction NSW 1355  
Alternatively scan and email your application form and documentation/evidence of payment to:  
[info@buddhismandpsychotherapy.org](mailto:info@buddhismandpsychotherapy.org)

Comments / Suggestions/ Requests: .....  
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### **Office use only:**

Category of New membership (circle):

Affiliate

Student

Date Approved: ..... Member # ..... Receipt # ..... Completed by: .....