

Australian Association of Buddhist Counsellors and Psychotherapists

www.buddhismandpsychotherapy.org PO Box 2115 Bondi Junction NSW 1355 info@buddhismandpsychotherapy.org ABN 67 962 463 348

2015 – 2016 MEMBERSHIP RENEWAL FORM

Your Fu	ll Name:
Postal A	Address:
	State:Postcode:
Email:	
Phone:	Mobile:
Membe	ership fees are for <u>one financial</u> 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
Paymer	nt Options
Paymer	nt of \$ (please enter amount and tick below)
	Crossed Cheque payable to AABCAP
	Bank Transfer (Please state date of transfer) on

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

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)

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.

FULL and ASSOCIATE MEMBERSHIP ONLY

Supervision Hours – 10 hours of clinical Individual supervision over the last year and at least 15 hours (if over 400 client hours in the past year). The 10 (or 15) hours of supervision required for registration renewal may be 50% Peer Supervision only where Registrants are eligible to claim Peer Supervision.

Peer supervision permitted if the member has been in professional practice 5 years since graduation. Peer supervision can be in the form of individual or small group meetings of up to 6 supervisees and supervisor and relevant to the practice of Buddhist psychotherapy (where possible).

Full Name of Supervisor(s) & Phone number:		
Full Name of Peer Group Members:		
Supervisor / Group		No. Of Hours
	Total Hours	

Professional Development / Continued Education – 40 Points in total. At least 10 points must include professional development or education relevant to Buddhist psychotherapy. AABCAP's Professional Development descriptions are in alignment with PACFA's renewal requirements.

Category Requirements	Detailed Description
Category A: Mandatory	Person-to-person courses, workshops, seminars and conferences.
1 hour = 2 CPD points	Participation in online facilitated courses
A <u>Minimum</u> requirement of at least 30 points per year.	At <u>least</u> 10 points must be person-to-person activities. The remaining 20 points may be accumulated from person-to-person OR participation in online facilitated CPD.
Category B: Optional 1 hour = 1 CPD point A Maximum allowance of	 Participation in facilitated learning groups. Imparting knowledge relating to counselling and psychotherapy through formal presentations, teaching, research and publications.
10 points per year	Supervision participation above the annual renewal requirement
Category C: Optional 1 hour = 1 CPD point A Maximum allowance of	Contributing to the counselling and psychotherapy profession through involvement in the PACFA Board and committees or PACFA MA committees that supports the development of the professional identity of counselling and psychotherapy in the wider community.
5 points per year	 Self-directed learning, logged in a reflective journal, including: – Reading and taking notes of psychotherapy and counselling journals and books; – Participation in online non-facilitated courses – Participation in peer learning groups.

Your Professional Development Evactivity EG. Seminar, workshop	Provider	Date(s)	Hours
		1 1 1 (1)	
		Total Ho	ours
nder the "Find a Psychotherapist" vith login details) I understand tha	option on the AABCAP website further details of my	e and type of service provided to be li e. (These details can be updated by m nfidential by AABCAP: (<i>please tick</i>)	
Yes (Please provide preferred details to	be listed) No (pleas	e do not include my details)	
Title: Name:			
Type of Service:			
Contact number:	Email:		
Suburb(s) of Practice with postcode	s:		
Nebsite URL			

CHECKLIST

FULL and ASSOCIATE Membership

I confirm that:			
	led the minimum yearly requirements or 15 hours (for over 400 clie		rvision linked to practise within the ed to practise.
☐ I have inclu	ided evidence of supervision, sign	ned by supervisor and/or mem	ber of peer supervision.
I have unde requirement	ertaken a minimum of 40 points onts.	of professional development /	continuing education as per the
☐ I have inclu	ided evidence and documentation	n for my personal developmen	t with this application.
☐ I have sign	ed and included my nomination fo	orm with this application (if ap	plicable).
I have com formal qua	·	mbership profile and have pro	vided documentation evidence of my
	osed a copy of my current profess and attach a letter from my emplo	-	m covered under my employer's
I have advionly).	sed of permission and included m	y details for the AABCAP webs	ite "Find a Therapist" (FULL member
☐ I have read	and agree to abide by the Ethica	l Guidelines of AABCAP.	
☐ I have inclu	ided proof of payment for my me	mbership with this application	
Alternative FYI. Those wishing to	to be listed on the PACFA register PACFA website. Please notify AA	tion form and documentation is mandpsychotherapy.org	
Comments / Sugges	tions/ Requests:		
Office use only:			
Confirmed Category of N	ew membership : Associate	Full	
Date Approved:	Member #	Receipt #	Completed by:

CHECKLIST

AFFILIATE Member

I confir	m 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 TI	ME Student Member
I confir	m 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 c	of Training Institution:
Course	Name:
Course	Start Date: Finish Date:
Student	t 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:
Comme	nts / Suggestions/ Requests:
	of New membership (circle): Affiliate Student
Date App	roved: