

CCAA Registered Supervisor



Christian Counsellors
Association of Australia

Use this form to be recognized as a Registered Supervisor with CCAA. This means your practice details will appear on CCAA 'Find a Christian Counsellor' and 'Find a Supervisor'.

The Applicant must have:

1. Christian Standing
2. Eligibility for Clinical listing on the PACFA Register
3. 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association
4. Supervision Training of 2 days face to face, or the equivalent training at degree level
5. Current supervision for their Supervision practice
6. Professional indemnity insurance
7. Relevant qualifications in theology or Bible if supervising in a Christian context

BLOCK LETTERS PLEASE

First Name:	Family Name:
Address:	
Postcode:	
Day Phone:	Mobile:
Email:	
Employer: Private Practice:	Position Or Title:
Professional Membership: Clinical Member of CCAA YES/NO Clinical listing on PACFA Register YES/NO Other Counselling Assoc:	Qualifications:
I declare my faith in Jesus Christ and I hold to the historic truths of the Christian faith as outlined in the Bible, the Word of God, and the Apostles' Creed. YES/NO I have Christian Standing (<i>if not a CCAA or APC Clinical Member, you may be asked to supply a Reference of Christian Standing eg like page 8 of Registered Member Application Form</i>) YES/NO I have 3 years Clinical membership of CCAA, or 3 years clinical membership (or equivalent) of another counselling association (<i>attach documentation if not a CCAA Clinical Member</i>) YES/NO I have completed Supervision Training of 2 days face to face, or the equivalent training at degree level (<i>attach documentation</i>) YES/NO I am currently in Supervision for my Supervision practice (<i>attach documentation</i>) YES/NO I have current Professional Indemnity Insurance (<i>attach documentation</i>) YES/NO	
If I have indicated 'NO' to being a Clinical Member of CCAA, I understand that I am entitled to a FREE listing on CCAA 'Find a Christian Counsellor' and 'Find a Supervisor' until 30 June 2011, after which I will be invoiced \$50/year. <input type="checkbox"/> Please contact me about becoming a Clinical Member of CCAA	
<i>I certify the above information is correct and requested documentation is attached</i>	
_____ Applicant's signature Date	
NSW: PO Box 3, Palm Beach 2108 VIC: PO Box 12, Ormond 3204 QLD: PO Box 1894, Carindale 4152	SA: PO Box 927, Unley 5061 WA: 6 Howard Place, Kelmscott 6111 TAS: PO Box 246, Lindisfarne 7015

<p>Office Use only Date received: _____ Committee Approval Date: _____</p>
