Name …………………………………………………………. CCAA Membership Number ………………….

Qualifications:

1. **Supervision Qualification** …………………………………… Years experience..…....
2. **Integration Qualifications;**
3. Theological Degree or post Graduate Course………………………………………………………
4. Study of Integration ……………………………………………………………………………………..……
5. Application of Integration in your Professional Practice - ………………………………..

………………………………………………………………………………………………………………………..

1. **References**
2. Reference from an integration supervisor……………………………………………………………
3. Reference from State Branch Convenor ………………………………………………………………
4. Received approval from Membership Chair

**Documentation Needed with application**

* + - 1. CCAA Supervisor membership
			2. Theological Degree or Course transcript including integration
			3. Integration Supervisor reference
			4. State Convenor recommendation.

Send Application to;

 CCAA Office