



Society of Counselling and Psychotherapy Educators
Member Association of Psychotherapy and Counselling Federation of Australia

Membership Application Form

(Please print off, complete, sign Statutory Declaration and send with relevant documents to SCAPE's Membership Secretary, address at the end of the form)

A. Applicant Information

Title			
Surname			
First Name (s)			
Address			
Post Code			
Telephone Business			
Telephone Home			
Mobile			
Email			
Current Position Title			
Organisation			
I agree for these details to be on the SCAPE website	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		

Membership applied for *(please tick)*

- Full Membership
- Associate Membership

B. Formal Training and Qualification(s) in Counselling and/or Psychotherapy

Meets minimum standard of 250 hours of sequenced training	YES	NO
Institution 1		
Name		
Duration of Course (hours)		
Name of Qualification		
Number of hours or % related to Counselling or psychotherapy training		
Institution 2		
Name		
Duration of Course (hours)		
Name of Qualification		
Number of hours or % related to Counselling or psychotherapy training		
Institution 3		
Name		



Duration of Course (hours)	
Name of Qualification	
Number of hours or % related to Counselling or psychotherapy training	
<i>(Repeat as necessary on a separate page)</i>	

C. Experience in the Field of Counselling and/or Psychotherapy

Meets minimum standard of 3 years experience in counselling/psychotherapy practice	YES	NO
Institution 1		
Name		
Position Title		
Hours/week		
Counselling/psychotherapy role		
Dates employed		
Institution 2		
Name		
Position Title		
Hours/week		
Counselling/psychotherapy role		
Dates employed		
Institution 3		
Name		
Position Title		
Hours/week		
Counselling/psychotherapy role		
Dates employed		
<i>(Repeat as necessary on a separate page)</i>		

D. Experience in the Field of Counselling and/or Psychotherapy Education

Meets standard of 3 years as trainer in counselling/psychotherapy education	YES	NO
Institution 1		
Name and Program		
Title		
Hours/week		
Nature of role		
Dates employed		
Institution 2		
Name and Program		



Title	
Hours/week	
Nature of role	
Dates employed	
Institution 3	
Name and Program	
Title	
Hours/week	
Nature of role	
Dates employed	
<i>(Repeat as necessary on a separate page)</i>	

E. Training as a Counselling and/or Psychotherapy Educator

Received education or supervision as a counselling/psychotherapy educator?	YES	NO
Training/Supervision 1		
Type		
Name of Qualification/Program		
Number of Hours		
Duration		
Name and Qualifications of Supervisor		
Training/Supervision 2		
Type		
Name of Qualification/Program		
Number of Hours		
Duration		
Name and Qualifications of Supervisor		
<i>(Repeat as necessary on a separate page)</i>		

Applicants for Associate Membership Only

Additional information to explain your reason for Associate membership (e.g. Contribution in some way to the education of counsellors or psychotherapists; years of counselling and/or psychotherapy training experience so far)



All Applicants - Ethical Conduct Declaration

Please circle

1. Are there any complaints of professional misconduct currently under investigation in relation to your work?	YES	NO
2. Are you aware of any formal complaints of professional misconduct having been made to any Professional Association against you at any time?	YES	NO
3. Have you ever been refused entry to a Professional Association because of reports of professional misconduct?	YES	NO
4. Have you ever been dismissed from a Professional Organisation because of reports of professional misconduct?	YES	NO
5. Do you have a criminal record? (A 'Yes' answer will not necessarily exclude you from membership).	YES	NO
6. Are you currently under investigation by State, Territory or Federal Police?	YES	NO
<i>If you have answered 'Yes' to any of the above please give more information.</i>		
I agree to abide by SCAPE's Code of Ethics and Constitution	YES	NO
I am covered by Professional Indemnity insurance	YES	NO
Professional Indemnity Insurance Policy	Insurer Policy number Expiry date	
Completed 20 hours of professional development in last year	YES	NO
Signed	Date	

Referee Details

Name	
Position Title	
Organisation	
Address	
Telephone	
Email	

Attach relevant State Statutory Declaration

For fee and postage details and Statutory Declaration please see next pages



Fees

- Full member \$242 (\$22 GST)
- Associate Membership \$209 (\$19 GST)

Payment can be made either by

1. *Direct Deposit or Electronic Transfer to*
Account name: SCAPE Australia Inc
Bank: Commonwealth Bank Aspley
BSB: 064 151
Account No.: 10117597

IMPORTANT Please that your name (surname first) appears in Direct Deposit or Electronic Transfer reference details. A record of your payment, together with the completed Application Form should then be emailed or posted to the Membership Secretary at the address below.

OR

2. *Payment by cheque/money order*

Copy and send to Colleen Gray
SCAPE Membership Secretary
PO Box 205
Weipa QLD 4874

For enquiries contact Colleen Gray Tel 0417638266 or email colleen@waysforward.com.au

Following are forms for the Statutory Declaration. As these are State specific, please use and complete the appropriate one of the following pages.



Statutory Declaration, ACT

I, (Full name) _____

of (Full address) _____

(Occupation) _____

in the **Australian Capital Territory,**

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration by virtue of the Statutory Declarations Act 1959, as amended and subject to the penalties provided by that Act for the making of false statement in statutory declaration, conscientiously believing the statements contained in this declaration to be true in every particular.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

Before posting, please ensure all details are completed (in pen) and that enclosed are:

- Copies of formal qualifications in counselling or psychotherapy, i.e. certificate/s and transcript/s
- Letters of validation of years of counselling/psychotherapy practice
- Copies of institution/s' acknowledgement of experience in counselling /psychotherapy education
- Copy/letter of training/supervision as a counselling/psychotherapy educator
- Cheque for level of application or direct deposit confirmation
- and that you have **made a photocopy for yourself.**

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Weipa QLD 4874

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Statutory Declaration, WA

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the **state of Western
Australia,**

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration by virtue of s106 of the Evidence Act 1906.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

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Statutory Declaration, VIC

I, (Full name) _____
of (Full address) _____
(Occupation) _____ in the **state of Victoria**,

declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualification quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____
in the State of **Victoria**, this _____ day _____ of 20____
Signature of person making this declaration
(to be signed in front of an authorised witness)
before me: _____ Signature of authorised witness
_____ Name (in full) of authorised witness
_____ Address of authorised witness

Title of the authorized witness: _____

The authorized witness must print or stamp his or her name, address and title under section 107A of the Evidence Act 1958 (Vic.) (eg Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)

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- Copies of institution/s' acknowledgement of experience in counselling /psychotherapy education
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Statutory Declaration, NT

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the **Northern Territory,**

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration by virtue of the Oaths Act and conscientiously believing the statements contained in this declaration to be true in every particular.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

Before posting, please ensure all details are completed (in pen) and that enclosed are:

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Statutory Declaration, SA

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the **state of South
Australia,**

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

Before posting, please ensure all details are completed (in pen) and that enclosed are:

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- Letters of validation of years of counselling/psychotherapy practice
- Copies of institution/s' acknowledgement of experience in counselling /psychotherapy education
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Statutory Declaration, TAS

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the **state** of
Tasmania,

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration by virtue of s132 of the Evidence Act 1910.

(Applicant's signature)

_____/_____/20_____
(Date)

(Signature of the Justice of the Peace)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

Before posting, please ensure all details are completed (in pen) and that enclosed are:

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Statutory Declaration NSW

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the **state of New South
Wales,**

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

Before posting, please ensure all details are completed (in pen) and that enclosed are:

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Statutory Declaration QLD

I, (Full name) _____
of (Full address) _____
(Occupation) _____

in the state of
Queensland,

do solemnly and sincerely declare that all statements made by me in the Application attached hereto are true and correct in every particular, and that all qualifications quoted therein are capable of independent verification.

I understand that any failure to provide accurate information in this application may lead to a denial or termination of membership of SCAPE Society of Counselling and Psychotherapy Educators

And I made this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1987.

(Applicant's signature)

(Signature of the Justice of the Peace)

_____/_____/20_____
(Date)

(Name in full of the Justice of the Peace)

_____/_____/20_____
(Date)

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