



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

**Membership Renewal Form**

*(Please complete and forward to Treasurer – address below)*

**SCAPE ABN 52 340 920 208**

<b>Title</b>	
<b>Surname</b>	
<b>First Name (s)</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Business</b>	
<b>Telephone Home</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Current Position Title</b>	
<b>Organisation</b>	
<b>I agree for these details to be on the SCAPE website</b>	<b>YES</b> <span style="margin-left: 200px;"><b>NO</b></span>

**Membership Renewal for** *(please tick)*

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

**All Members - Ethical Conduct Declaration**

*Please circle/delete/highlight*

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 in the last 12 months?	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 <b>COPY of Invoice/Proposal ATTACHED</b>	YES	NO
I have completed 20 hours of professional development in the last year <b>LOG ATTACHED</b>	YES	NO
I have ongoing supervision for training <b>SIGNED LOG ATTACHED</b>	YES	NO
<b>Signed</b>	<b>Date</b>	

**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 ensure that your name (surname first) appears in Direct Deposit or Electronic Transfer reference details.*

**OR**

2. *Payment by cheque/money order*

**Please send with your payment or record of payment together with:**

- Completed Renewal Form
- Professional Indemnity Insurance Invoice/Proposal
- Professional Development Log
- Supervision Log signed by Supervisor

**TO**

Veronika Basa

SCAPE Treasurer

GPO Box 359

Chelsea Vic 3196

Email: [info@becsonline.com.au](mailto:info@becsonline.com.au)

Please note, the membership is for a **calendar year** and ends on the **31<sup>st</sup> of March**. To renew your membership we **must receive your completed membership renewal form with its associated payment by this date**.

<b>Office Use Only</b>	
Date Received	Amount
Invoice/Receipt No.	Signed