

- Applying for: Membership** \$188 All fees include GST
With 1 year subscription to
Australian & New Zealand Journal of Family Therapy - Hard copy
- Membership \$144 All fees include GST
With 1 year subscription to
Australian & New Zealand Journal of Family Therapy - Online

Note: Membership of FTA is on an individual basis **not** organisational.

Please read the application form before completing all details.

Title: _____ First Name: _____ Surname: _____

Work Address: _____

Home Address: _____

Preferred Mailing Address: Work Home

Work Phone: _____ Work Fax: _____ Mobile: _____

Home Phone: _____ Email Address: _____ Other: _____

Occupation/Profession: _____ Place of employment or study: _____

Private Practice Full time Part-time

Nominated by: (Financial member of NSWFTA) _____

I give permission for these details to be published in a register of members Yes No

I give my permission for these details to be given to PACFA & Australian Family Therapy Associations conference organisers Yes No

Membership is open to **counsellors and psychotherapists** with a degree in Health Science, Social Science, Education or equivalent, having completed training in counselling and psychotherapy equivalent to PACFA's current minimum requirements and are interested in developing their knowledge and skill in and for Family Therapy, and agree to be bound by the ethical code of NSWFTA and are nominated by a current member.

I enclose a cheque payable to NSW Family Therapy Association Amount \$ _____

Please charge my Visa / Mastercard / Bankcard (please circle) Amount \$ _____

Card Number _____ / _____ / _____ / _____ Expiry _____ / _____

Verification Number (last 3 digits on the reverse of your card) ____ ____ ____

Cardholder's Name: _____

Cardholder's Signature _____

Committee Use Only

Date Received	Receipt No.	Approved by Committee	Membership No.	Member Type

Application for Membership – New South Wales Family Therapy Association Inc.

If you are renewing your membership and previously supplied this information, only inform us of any additions. Thank you.

1. Tertiary Qualification: (Attach photocopies of supporting documentation)

Degree	Year of Graduation	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Specialist Family Therapy Training: (At least 40 hours duration or more)

Course Name	Year of Graduation	No. of Hours	Levels/Modules
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Family Therapy Supervision*

Name of Supervisor	Year	No. of Hours	Contact No.- Agency/Private
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Other Counselling Supervision*

Name of Supervisor	Year	No. of Hours	Contact No.- Agency/Private
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Other Counselling/Therapy Training

Course Name	Year of Graduation	No. of Hours	Levels/Modules
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon your application being approved by the committee, you will be sent a copy of the Code of Ethics of the Association, which you must agree to abide by in writing. Your application will not be complete until this declaration is made.

*Supervision is an arrangement specifically made to discuss your counselling work with someone else who is qualified to talk to you about your work. It can be on an individual or group basis. Peer supervision can be included, provided it entails a specific arrangement to discuss cases – however informal interest groups would normally not be regarded as providing supervision. Supervision can be arranged privately or in the workplace.

A Supervisor must:

- Be knowledgeable about the methods and techniques of counselling supervision, either through formal qualifications or continuing education.
- Have substantive experience of being supervised in his/her own practice of counselling.