



Psychotherapy & Counselling  
Federation of Australia

## Application Form for Listing on the PACFA National Register

### PART 1: Personal Details

Last Name:					
First Name(s):		Middle Name:		Title:	
Postal Address:					
Phone:					
Email:					
PACFA Member Association:					
Are you currently a practicing psychotherapist and / or counsellor?  <i>You must be a practicing psychotherapist or counsellor to be listed on the PACFA Register. Once listed you may apply to the PACFA office for a leave of absence should you require it.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a registered Mental Health Practitioner?  If Yes, Provider No is: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, do you wish to be recorded on our Register of eligible Mental Health Practitioners for the purposes of gaining MBS Private Health Insurance registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If you do not have an MBS Provider Number, are you eligible as a Psychologist or Social Worker or other Registered Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you currently hold an <b>Apply First Aid Certificate</b> ?  If you would like to be eligible for Private Health Insurance rebates for your clients, please attach a certified copy of your certificate to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## PART 2: Address Details for Publication

Please specify on this form the contact details you wish us to publish in the PACFA National Register of Psychotherapists and Counsellors website. All Register listings will be published.

**Please note:** We also ask you for clinical issues which we use for PACFA internal statistics, this information will not be published at this stage.

Title		Family Name			
First Name			Middle Name		
Member Association					
Qualifications (academic titles)					
Other Professional Memberships					
Practice Address:					
Street City					
State			Postcode		
Phone (work)		Phone (home)		Mobile	
Email			Website		

The therapeutic approach you use in your practice: <b>(Not currently for publication).</b>		
You practice as a:	<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Counsellor
Please tick the relevant boxes:	<input type="checkbox"/> Child Psychotherapy <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Cognitive Behaviour Therapy <input type="checkbox"/> Couple Therapy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Gestalt Therapy <input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Psychoanalysis <input type="checkbox"/> Psychodrama <input type="checkbox"/> Other, please specify:
Please list any clinical issues you deal with in your practice:		

## PART 3: Registration Category

Although in most cases your Member Association has already provided an endorsement form indicating whether you are applying to the Register under the **Clinical** or **Provisional** category, could you please confirm which category you are eligible for:

**CLINICAL**  **PROVISIONAL**

Please note: The provisional therapists would be those who have completed training and met training standards, however they have not completed **an additional** 750 hours of post training clinical practice linked to an **additional** 75 hours of post training supervision over a minimum of two years.

## PART 4: Training

### Training and supervised experience requirements for listing on the PACFA National Register of Psychotherapists and Counsellors:

#### Provisional listing:

##### (1) Undergraduate Equivalent

3 years Training in Psychotherapy or Counselling (A single 3 year – minimum 350 hour training course plus 50 hours of supervision linked to 200 hours of client contact ).

##### (2) Postgraduate Equivalent

Relevant Degree (as defined by the Applicant's Professional Association)

Plus Specialist Training in Psychotherapy or Counselling (A single 2 year – minimum 200 hour training course plus 50 hours of supervision linked to 200 client contact hours).

#### Clinical listing

**Either of the above plus an additional** 750 hours of post training client contact linked to an additional 75 hours post-training supervision over two years (minimum). (A total requirement of 950 client contact hours linked to 125 supervision hours).

##### (3) Recognition of Prior Learning

Where an applicant's professional training and formation does not fit the above, but is based on extensive training, practice and supervision over several years, it may be possible to be admitted to the Register based on recognition of this prior learning (RPL). Refer to the PACFA [RPL Guidelines](#)

### Renewal/Continuing Education Requirements:

#### (1) Professional Development - 15 hours per year

The professional development requirement is intended to support the obligation of practitioners to keep up to date with their profession and new development in practice. The hours-requirement of 15 hours per year is minimal and most practitioners will exceed this. The 15 hours therefore refers only to involvement in training courses or workshops, attendance at conferences and seminars and training whilst enrolled in formal courses, which may include some distance education.

#### (2) Supervision - 10 hours of supervision linked to practice in the previous 12 months.

#### (3) Ongoing full membership with a PACFA Member Association.

#### (4). Evidence of continuing professional Indemnity Insurance.

## PART 5a: Supervision

If you applying for Provisional listing you need to show evidence of 50 hours of supervision linked to 200 hours of client contact. PACFA does not accept supervision in dual relationship situations.

To be completed by the applicant's supervisor:

Supervisor's Name:			
Supervisor's Address:			
Phone:		Email:	
Supervisor's Qualifications:			
Applicant's Name:			
Supervision was:	<input type="checkbox"/> Individual	Session Duration (minutes):	
	<input type="checkbox"/> Group maximum of 6 people	Session Duration (minutes):	
		Number in Group	
This report relates to the period from:	/	/20	to / /20
Total Client Contact hours in this period:			
Total Supervision hours in this period:			

The details reported on this page give an accurate description of our supervision arrangements. The applicant has demonstrated a capacity to work autonomously, and I see no obstacle to listing this applicant on the PACFA Register.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

## PART 5b: Supervision

If you are applying for Clinical listing please show evidence of an additional 75 post training supervision hours linked to an additional 750 post training client contact hours over a minimum of two years. (A total requirement of 950 client contact hours linked to 125 supervision hours).

If you have more than one supervisor please photocopy this page.

To be completed by the applicant's supervisor:

Supervisor's Name:			
Supervisor's Address:			
Phone:		Email:	
Supervisor's Qualifications:			
Applicant's Name:			
Supervision was:	<input type="checkbox"/> Individual	Session Duration (minutes):	
	<input type="checkbox"/> Group maximum of 6 people	Session Duration (minutes):	
		Number in Group	
This report relates to the period from:	/	/20	to / /20
Total Client Contact hours in this period:			
Total Supervision hours in this period:			

The details reported on this page give an accurate description of our supervision arrangements. The applicant has demonstrated a capacity to work autonomously, and I see no obstacle to listing this applicant on the PACFA Register.

Date: / /20

Supervisor's Signature: \_\_\_\_\_

**Post-Training Supervision:** Supervision is a formal, collaborative process in which case material from the supervisee's own practice experience is reflected upon. In supervision, a senior colleague takes responsibility for supervising the work of a supervisee, who seeks the help of the supervisor because this person is understood to have some superior knowledge. Supervision may, for the purpose of this application, take the form of individual or small group meetings (a maximum of six supervisees and a supervisor). It is not the same as administrative or management supervision, nor is it the same as psychotherapy or counselling of the supervisee. PACFA does not accept supervision in dual relationship situations.



## PART 8: Applicant's Agreement

I have met the requirements for Registration on the PACFA National Register of Psychotherapists and Counsellors, and attached documentary evidence.

I agree to comply with continuing education requirements of the PACFA National Register of Psychotherapists and Counsellors.

I have read the Code of Ethics of PACFA and agree to be subject to the conditions of the PACFA Code of Ethics and to Complaints and Appeals Procedure of the PACFA Code.

I have read the Code of Ethics of my Member Association as audited by PACFA and I acknowledge that my remaining on the PACFA Register depends upon my adhering to its requirements.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## PART 9: Checklist

I have attached with this application form:

A Certified copy of my <b><u>certificate of currency</u></b> for Professional Indemnity Insurance	<input type="checkbox"/>
<b>OR</b>	
I am covered under my employer's Professional Indemnity Insurance policy to practice as a therapist and have <b><u>attached a letter from my employer stating this</u></b>	<input type="checkbox"/>
<b>OR</b>	
I am an AASW member and have attached certified <b><u>evidence of current membership</u></b>	<input type="checkbox"/>
Certified copies of my relevant academic <b>transcript and award certificate</b>	<input type="checkbox"/>
Certified copy of my current <b>Apply First Aid certificate</b> Optional – Only if you would like to be eligible for Private Health Insurance rebates for your clients	<input type="checkbox"/>
Certified Supervisor verification of <b>supervision and client contact hours</b> as required	<input type="checkbox"/>

**Please send your application form and relevant documents with a \$99 GST included (non-refundable) PACFA application fee to your Member Association to forward to PACFA with the relevant endorsement**