



## MEMBERSHIP APPLICATION FORM

ABN 95 948 631 315  
www.counsellorsvictoria.com

Please note to apply for membership to this association **you must have obtained or be studying a Diploma or higher in recognized Counselling studies.** We encourage our members to be a member of an association with a Code of Ethics or be employed by an organization with policies, procedures and standards to adhere to.

### PERSONAL DETAILS :

Title ..... Name ..... DOB: .....  
Address ..... Post Code .....  
Phone ..... Mobile ..... Email .....

### FULL MEMBERSHIP APPLICATION DETAILS :

Do you have a Diploma or higher qualification in a Counselling related field? YES / NO  
*Please include a CERTIFIED copy of your qualifications certificate/s with this application*

Are you a registered member of a Counselling Association YES / NO  
*Please include a copy of your membership certificate with this application*

Are you currently a practicing Counsellor YES / NO

Do you have Professional Indemnity & Public Liability insurance cover? *Include copy with application* YES / NO

### STUDENT MEMBERSHIP APPLICATION DETAILS :

Course Name : .....  
Educational Institution : .....  
Date Commenced ..... Expected Completion Date : .....

### CONDUCT (All applicants to complete)

*A 'YES' answer to any of the following will not necessarily preclude you from membership. If you answer 'no' to any of the following and it is found at a later date you have misled Counsellors Victoria, your membership will be cancelled immediately.*

Are there any complaints of professional misconduct currently under investigation in relation to your past or current work? YES / NO

Are you aware of any formal complaints of professional misconduct having been made to any professional association or registration board against you at any time? YES / NO

Have you ever been refused entry to a professional association or a registration board because of reports of professional misconduct? YES / NO

Have you ever been dismissed from to a professional association or a registration board because of reports of professional misconduct? YES / NO

Do you have a criminal record? YES / NO

Are you currently under investigation by State, Territory or Federal Police? YES / NO

**\*\*Please provide further information if you have answered "YES" to any of the above (on a separate sheet of paper)**

**MEMBERSHIP AGREEMENT**

I,....., agree to abide by the Constitution, Objectives, Disciplinary Code and Regulations of Counsellors Victoria Inc. (CV) formerly known as Federation of Victorian Counsellors.

I abide by Codes of Conduct, standards, policies and procedures of my member associations or employer.

I also give my permission for an authorized representative of CV to contact me to discuss this application for verification purposes.

I also swear that the information provided in this application is accurate and true at the date of signing.

**For Student applicants only :**

I, ..... agree that in applying for membership as a student member that I will not offer or accept work regardless of being paid or not as a counsellor, nor will I give the impression that I am a practicing counsellor\*.

**\*\* All applicants :**

Signature ..... Date .....

*\*Practicing Counsellor – A counsellor who has recognized qualifications as a counsellor and who accepts payment of any kind for a service as a counsellor. This does not include volunteer non-paid work.*

**I am applying for :**

FULL MEMBERSHIP \$70.00 p/a       STUDENT MEMBERSHIP \$40.00 p/a

PRO-RATA Rates :	FULL	STUDENT
1 <sup>st</sup> July to 30 <sup>th</sup> June	70.00	40.00
1 <sup>st</sup> October to 30 <sup>th</sup> June	50.00	30.00
1 <sup>st</sup> January to 30 <sup>th</sup> June	35.00	20.00
1 <sup>st</sup> April to 30 <sup>th</sup> June	20.00	10.00

**Direct Deposit or Internet Banking**

Bank: Bendigo Bank  
Name: Counsellors Victoria Inc  
BSB: 633 108  
A/C No: 120 414 073  
Reference: Name

**\*\*Please enclose a copy of direct payment details with this application**

I enclose my Cheque / Money Order No..... made payable to: **Counsellors Victoria Inc** for \$ .....

Please email or return this application form and all required supporting documentation with your payment, or direct payment bank receipt to:

**Memberships  
PO Box 1005  
SEAFORD VIC 3198**

Any queries regarding this application can be directed to Lesley Stevenson, Membership Coordinator on 0410 497 221 or by email: [counsellorsvictoriainc@gmail.com](mailto:counsellorsvictoriainc@gmail.com).

Please be aware that it may take up to four weeks for your application to be processed.

*Thank you for your application*