

Cancer Counselling Professionals Inc

Beating the emotional burden of cancer

Membership Renewal Form

Name:

Membership No.....

Please complete sections 1-3

Section 1 Registrant Declaration

I am a current member of my member association(s)	<input type="checkbox"/>
I have Professional indemnity insurance cover in place and agree to maintain continuous cover	<input type="checkbox"/>
I agree to be bound by Cancer Counselling Professionals Code of Ethics	<input type="checkbox"/>
I agree to undertake a minimum of 7 hours of professional development that focuses on cancer issues faced by people diagnosed and their families.	<input type="checkbox"/>
I agree to be bound by the PACFA Register of Psychotherapists and Counsellors Complaints Procedure (www.pacfa.or.au)	<input type="checkbox"/>

(Please circle)

I **have** / **have not** had any complaints against me / my practice in the last 12 months

Name: -----

Membership Number:-----

Section 2: Professional Supervision

Registrants are required to have undergone a minimum of 10 hours of clinical supervision over the last 12 months.

Please provide details of your supervision

1. Supervisor's name: _____

Tel: (0) _____ Email: _____

Total Hours: _____ in the last 12 months

2. Supervisor's name: _____

Tel: (0) _____ Email: _____

Total Hours: _____ in the last 12 months

Name: -----

Membership Number:-----

Section 3 Professional Development

Please list and attach documentary evidence of Cancer Specific professional development undertaken in the last 12 months.

Name & type of Activity	Provider	Date	No of Hours

Registrant Declaration

I declare that all the evidence I have provided is true and correct.

Signed.....Date.....

Official use

Renewal accepted: Yes / No

Date:-----

Accepted By:

Signature: