

<b>Applicant Information</b>			
Title:	Surname:	First Name:	DOB:
Work Address:			
Residential Address:			
<b>Contact Information</b>			
Tel:	Email:	Mob:	Fax:
<b>Membership Category</b>			
For which membership category are you applying? Please ✓ one			
Clinical _____	Graduate _____	Associate _____	
<b>Professional background</b>			
<p>What do you currently do professionally?</p> <p>(Please include details of your work role elaborating any psychodynamic psychotherapy practice in which you are engaged and how long you have undertaken this role)</p>			
<p>What relevant positions have you formerly held?</p> <p>(Please elaborate psychodynamic psychotherapy or related work posts you have held prior to your current role including dates and duration)</p>			

**The Membership Secretary makes a recommendation to the Executive Committee of ANZAP. The final approval is at the discretion of the Executive Committee.**

Are you a member of any professional associations or bodies?  
Please list together with the period of time you have held such memberships.

Are you registered with any professional organisations (medical board, nursing board, APS, etc)?  
Please list together with period of time registration has been held.

### Academic Qualifications

Please state your qualifications, including year obtained and name of University or College.

### Professional Practice (past 2 years)

How many hours of **psychodynamic** psychotherapy do you do per week? \_\_\_\_\_

What percentage of this is your overall practice? \_\_\_\_\_

If you are a supervisor, how many therapists do you supervise? \_\_\_\_\_

How many hours do you supervise therapists each week? \_\_\_\_\_

### PUBLICATIONS

Please list:

**TRAINING AND EXPERIENCE IN PSYCHOTHERAPY****1. Psychotherapy Qualification:****• Post Graduate:**

Please attach documentation showing that you have completed a post-graduate course in psychotherapy that has included at least 200 hours of didactic teaching, and at least 100 hours of supervision linked to 150 hours of patient/client hours over a minimum of 3 years. You will need to attach certified\* copies of your qualification and academic record. Please ensure details show the modality of the psychotherapy training eg psychodynamic, CBT etc

\*certified means a copy signed by a Justice of the Peace. You will need to take the original as well as the copy. JPs are usually found Post Offices/Police Stations/Local Court Houses

**• Required Prior Learning (RPL):**

Please attach certified documentation of the credentials and experience that demonstrates equivalence to the post-graduate pathway. This is primarily for those therapists who trained before the availability of the current courses.

**2. Post-Qualification Supervised Practice**

- Please provide documentation (see attached sheet) that you have had at least 2 years of post-qualification supervision (and the type of supervision undertaken eg psychodynamic, CBT etc).

**3. Personal Therapy**

Have you had personal therapy? \_\_\_\_\_ If yes, for how many years? \_\_\_\_\_

Was this psychodynamic psychotherapy or other (if other please specify) below

\_\_\_\_\_

What was the frequency of your personal therapy? \_\_\_\_\_

Was therapy undertaken concurrently with your psychotherapy training? \_\_\_\_\_

**REASONS FOR APPLYING FOR MEMBERSHIP**

Please indicate why you are seeking membership of ANZAP.

What do you hope to gain from Membership of ANZAP?

### Ethics

Please read the attached ANZAP Ethics Statement and please sign the following statement:

*If accepted as a member of ANZAP, I agree to abide by the ANZAP Frame of Ethics, including the Map of Ethics and the Code of Ethics.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any unresolved ethical complaints or criminal convictions made against you, either currently or in the past?

Have you had any complaints upheld against you in the past? \_\_\_\_\_ If yes, please provide details.

### Professional Indemnity

Please provide a **certified** copy of your current Professional Indemnity Insurance.

## Professional Referees

Please give the name, address, email and telephone number of **three** referees who will be contacted. It is preferable that one should be an ANZAP member of more than five years standing.

NB: Your therapist cannot be a referee.

### Referee 1:

Name:	Address:
Email:	Tel:

### Referee 2:

Name:	Address:
Email:	Tel:

### Referee 3:

Name:	Address:
Email:	Tel:

## Signature of Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Final Checklist

Before sending this form please check that you have included the following documents with your application:

- **Certified** documentation of your psychotherapy qualifications.
- Documentation of your post-qualification supervision.
- A **certified** copy of your Professional Indemnity Insurance.
- The contact details of three referees.
- You have paid the application fee of \$38.50

Westpac:

BSB: 032-069 | Acc: 469778

Please use your *surname* as the identifier when making your payment

Please mail your completed form with attachments to:

ANZAP Membership Secretary  
PO Box 3595  
Wareemba | NSW | 2046

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

Tel: 02 8004 9873

Fax: 02 9012 0546

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