



MEMBERSHIP APPLICATION FORM

In the last three decades there has been an exponential increase in publications on the related areas of psychotherapy, Buddhism, spirituality and meditation. Buddhist-influenced therapies such as mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT), core process therapy and Hakomi are now in the mainstream of psychotherapeutic practices. There has also been a significant increase in the number of helping professionals who are committed and practising Buddhists or who have an interest in Buddhism in the West.

The purpose of The Australian Association of Buddhist Counsellors and Psychotherapists (AABCAP) is to bring therapists together in order to discuss, learn and study the two disciplines of psychotherapy and Buddhism, with the purpose of integrating their experience and knowledge into daily life and their work. The intention is that we all benefit from the depth of Buddhist psychology and practice. There is much to benefit us, as well as others, in our attempt to integrate Western Psychotherapy with Eastern Buddhism. With this in mind, AABCAP has developed a two year post-graduate course in Buddhism and Psychotherapy.

The **objectives** of AABCAP are to:

- (a) provide a philosophical base, standards, and ethics for the practice of Buddhist Influenced Counselling and Psychotherapy (BICP);
- (b) foster the professional development of members;
- (c) maintain efficient & professional organisational structure that supports the practice of BICP;
- (d) provide education, training and research in BICP;
- (e) promote BICP in the community;
- (f) provide accreditation practices that will support the highest quality practice in BICP; and
- (g) work collaboratively and beneficially with other Buddhist Organisations.

Membership

Nomination of a person for new membership of the association must be proposed and seconded by two members of the association in writing in the form set out in the attached nomination form (see Appendix). This will subsequently be lodged with the secretary of the association who will refer it as soon as practicable to the committee for consideration.

Membership Categories: Four categories of membership: full, associate, affiliate and student.

1. Full membership - Full Members are members who:

- a) have a PACFA (Psychotherapists and Counsellors Federation of Australia) Member Association full membership or individual membership with PACFA, (For list of PACFA Member Associations see PACFA website www.pacfa.org.au/pacfa_ma_list.html)

OR

- b) belong to an incorporated helping profession & fulfil the training requirements for membership of PACFA or its equivalents. The training requirements of PACFA are:

Members must have successfully completed at least a bachelor degree or equivalent in terms of level and depth of training as defined by the Australian Qualification Framework over a minimum of two years, 200 hours of person-to-person psychotherapy and/or counselling training and 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program (These 10 hours are part of the 50 hours of supervision). (For more information see PACFA website www.pacfa.org.au)

2. Associate membership: Associate members are members of an incorporated association of a helping profession.

3. Affiliate Membership: Affiliate members are those who are not members of an incorporated helping profession but wish to involve themselves in the activities of AABCAP.

4. Student Membership: This applies to full-time students who are not in employment.

AABCAP MEMBERSHIP APPLICATION FORM

Title: First Name: Surname:

Full address:

Profession:

Suburb of Practice: Postcode of Practice:

Ph (home): Mobile:

Ph (work): Ph (fax):

E mail:

(Please provide e-mail address as our newsletter and correspondences are e-communications)

Membership fees are for one calendar year or part thereof. Fees in brackets applicable for applications made after 1st July of the calendar year.

Please tick appropriate application for membership:

- | | |
|--|-----------------|
| <input type="checkbox"/> Application for Full Membership for current calendar year | - \$250 (\$200) |
| <input type="checkbox"/> Application for Associate Membership for current calendar year | - \$120 (\$80) |
| <input type="checkbox"/> Application for Affiliate Membership for current calendar year | - \$100 (\$70) |
| <input type="checkbox"/> Application for Student* Membership for current calendar year | - \$ 60 (\$40) |

* *Applicable to full time students who are not in employment only.*

Your PACFA Registration Number:

OR

Your Professional Organisation/Registration Board:

Provider/Membership Number:

Provider/Membership Category:

AABCAP Website Listing (Full Members only)

I give permission for my name, contact number, suburb of practice and type of service provided to be listed under the "Find a Psychotherapist" option on the AABCAP website. I understand that further details of my addresses and contact numbers will be maintained private and confidential by AABCAP: *(please tick)*

- Yes** *Please provide preferred details to be listed:*

Title: Name:

Type of Service:

Contact number: Email:

Suburb(s) of Practice:

State:

- No**

- Not Applicable**

Payment Method

- Crossed Cheque payable to AABCAP
- Date of Bank Transfer:
Account Name: Australian Association of Buddhist Counsellors & Psychotherapists.
Commonwealth Bank of Australia - BSB : 062 229 Account No: 1009 0459

- Visa** **MasterCard** **Bankcard**

Card Details:

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Expiry Date:

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Name on Card:

Signature: **Date:**

Please return this form (**including Nomination Form and Member Profile**) with payment to
PO Box 2025, Smithfield NSW 2164
Or fax to (02) 9604 9969.

*For further enquiries please contact the Secretary, Chien Hoong Gooi, at
secretary@buddhismandpsychotherapy.org.*

**NOMINATION FOR MEMBERSHIP OF THE AUSTRALIAN
ASSOCIATION OF BUDDHIST COUNSELLORS AND
PSYCHOTHERAPISTS (AABCAP)**

Incorporated under the *Associations Incorporation Act 1984*.

I,
(full name of applicant)

of
(address)

..... hereby apply to become a
(profession)

Full / Associate / Affiliate / Student (please circle one) member of the Australian Association of Buddhist Counsellors and Psychotherapists. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

.....
Signature of Applicant Date

I, a member of the association,
(full name)

nominate the applicant, who is personally known to me, for membership of the association.

.....
Signature of Proposer Date

I, a member of the association,
(full name)

second the nomination of the applicant, who is personally known to me, for membership of the association.

.....
Signature of Seconder Date

MEMBER PROFILE
Private and Confidential

Title: First Name: Surname:

| Professional Details | Student details |
|---|---|
| Qualifications: <i>Please state your formal qualifications.</i> | Course of Study: University/College: |

Professional Memberships and Membership Category: *Please list all organisations.*

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Do you practice meditation? Yes No

If "Yes":

How often?

For how many years have you done so?

Are you connected with any Buddhist Groups or Organisations? *Please list groups and tradition.*

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Office use only:

Category of membership (circle): Full Associate Affiliate Student Date Approved:

Member #

Receipt #