



ASSOCIATION OF PROFESSIONAL ASTROLOGERS INC

Founded on 14 July 2000 in ACT
Incorporated in NSW on 14th January 2014 1400033

Email: membershipenquiries@apainc.org.au

Application for Associate Membership

1.	Name	
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2.	Home Address		Postcode
	Phone Number		

3.	Mobile Number		
	Email		

4.	Qualifications	
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5.	Profession [optional]	
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6.	Astrological Education and Training
	<p>Please attach as evidence a certified copy of your</p> <ul style="list-style-type: none">• FAA Practitioners Diploma• Astro*Synthesis Diploma• Astro Logos Diploma <p>OR</p> <ul style="list-style-type: none">• other qualifications accepted by the Association of Professional Astrologers International <p>OR</p> <ul style="list-style-type: none">• for other qualifications to be considered you need to provide evidence that the qualification included the completion of 320 hours of theoretical and practical training over a minimum of four years.

7.	<p>General Counselling Theory Education</p> <p>A minimum 30 hours counselling theory is required or 38 hours if completing the online APA recommended units from Mental Health Academy, so please attach certified evidence of completion</p> <p>OR</p> <p>Attach your PLAN to gain counselling theory education for the required 30 or 38 hours respectively It is recommended that the counselling theory hours be completed before supervision takes place.</p>
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8.	<p>Supervision</p> <p>For Professional Membership to be gained a minimum 25 hours individual/group supervision with an approved APA supervisor needs to be completed. The Membership Convenor can assist with details of approved supervisors.</p> <ul style="list-style-type: none"> • Please attach any relevant information supported by evidence of commencement/completion of supervision hours. This should include details of the supervisor and details of the dates and times of supervision. <p>Then</p> <ul style="list-style-type: none"> • Please attach your SUPERVISION PLAN to fully complete the required 25 hours for approval by the Standards Committee. Your plan should include: <ul style="list-style-type: none"> ○ Proposed number of hours of supervision ○ Name of Supervisor ○ Type of Supervision [individual / group, online webinar, including number of participants] ○ Time frame for this to occur <p><i>Note: a Supervision Log will be supplied by the Membership Convenor upon request and should be signed by the supervisor after each session as evidence of sessions.</i></p>
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8.1	<p>Proposed Supervisor/s</p> <p>Name:</p> <p>Address:</p> <p>Contact Numbers:</p> <p>Qualifications:</p> <p>Approved Supervisor: APA YES / NO CAPA YES ACA YES - if not please discuss this with the Membership Convenor before proceeding</p>
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8.2	Previous Supervision if Undertaken with an approved APA Supervisor		
Date	Name of Supervisor/s	Type and Frequency Individual/Group, online webinar, incl. number of participants	Exact Hours

9.	<p>Other Comments Any other comments you may wish to make in support of your application. You may attach one additional page.</p>

10	Names of Two Referees (Nominator and Professional Member APA)	
Name		
Address		
Contact number		
Name		
Address		
Contact number		

11	Letters of Reference and Certified Documentation
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Please attach to your application the required letters of reference and certified documents verifying your completion of the required astrological education qualification. If applicable attach the same for counselling theory and supervision hours. Certification includes a Statutory Declaration by the applicant stating that the documentation provided is a true and correct.

Applicant:

I, (your name), am applying to become an associate member of APA Inc. I declare that the information provided by me is accurate and true. Upon admission as an associate member I agree to abide by the rules of the Association and the APA Statement of Professional Behaviour.

I acknowledge that to be granted associate membership I must show evidence of meeting all associate membership requirements and submit all required documentation.

Signed..... Date:.....

Each application is individually assessed by the APA Standards Committee. The Committee may seek clarification in relation to your application or the information provided and reserves the right to accept or decline any application.

Nominator

I

A member of the Association, nominate the above applicant, who is personally known to me, for Associate membership of the Association and full membership on completion of the requirements in relation to counselling and supervision hours.

Signature	Date
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