



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 Professional Membership

1	Name	
---	------	--

2	Home Address		Postcode
	Phone Number		

3	Mobile Number		
	Email		

4	Qualifications	
---	----------------	--

5	Profession [optional]	
---	--------------------------	--

6	Astrological Education and Training Please attach as evidence a certified copy of your
	<ul style="list-style-type: none">• FAA Practitioners Diploma• Astro*Synthesis Diploma• AstroLogos Diploma OR <ul style="list-style-type: none">• other qualifications accepted by the Association of Professional Astrologers International OR <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 A minimum 30 hours counselling theory is required from an accredited counselling organisation. A minimum of 38 hours is required on completion of the APA approved units from online Mental Health Academy.</p> <p>Please attach certified copies of certificates or statement by organisations of successful completion.</p>
8	<p>Supervision Membership requirement is a minimum 25 hours supervision with an APA approved supervisor or accredited supervisor, preferably AFTER the completion of the 30/38 hours counselling theory.</p> <ul style="list-style-type: none"> Please attach a certified copy of the log book that includes all details of the supervision i.e. supervisor, dates and times of supervision and whether it was individual or group. If group how many participants. <p><i>Note: The Supervision Log should be signed by the supervisor after each session as evidence of sessions. A reference by the main supervisor must also be supplied upon successful completion.</i></p>

8.1	Supervisor/s
<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Contact Numbers:</p> <p>.....</p> <p>Qualifications:</p> <p>.....</p>	
<p>APA Member: Yes / No Approved Supervisor: APA Yes /No PACFA Yes ACA: Yes</p> <p>If more than one supervisor please attach further information and list your main supervisor here.</p>	

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

10	Names of Two Referees (Nominator and other Professional Member APA)	
	Name 1	
	Address	
	Phone number	
	Name 2	
	Address	
	Phone number	

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

Applicant:

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

I acknowledge that to be granted membership I must show evidence of meeting all 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, (name of nominator)

A member of the Association, nominate the above applicant, who is personally known to me, for membership of the Association.

Signature:	Date:
-------------------	--------------