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|  |  | PLEASE SEND APPLICATIONS to:ASACPEV Inc. Registrar Jane Monk  Email: registrar@asacpev.org.au  Mobile: 0416279811 |

## APPLICATION FOR MEMBERSHIP of ASACPEV Inc.

**1. TITLE** \_\_\_\_\_\_\_\_\_\_  **2. NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PC** \_\_\_\_\_\_\_\_\_\_\_

**4. PHONE NO. [W]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[H]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[M]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. E-MAIL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. RELIGIOUS AFFILIATION / SPIRITUAL SOURCE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. COMPLETED ACCREDITED CPE UNITS OR EQUIVALENT (attach copies certified as per #16. overleaf)**

**Date Centre Full Time/Extended/Part-Time**

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**8. OTHER RELEVANT EXPERIENCE: Supervised Pastoral Education (SPE) / CPE; COUNSELLING; PASTORAL CARE COURSES; FIELD EDUCATION etc.**

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**9. PRESENT POSITION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. OTHER RELATED WORK EXPERIENCE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. NAME of CPE SUPERVISOR as REFEREE**

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**12. ANY OTHER COMMENTS IN SUPPORT OF YOUR APPLICATION?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**13. DECLARATION (please read carefully, tick boxes as appropriate, then sign and date)**

**I hereby apply for Membership of ASACPEV Inc., and I declare that:**

**□ I have read the eligibility requirements for membership as shown overleaf and I am eligible, and request to apply**

**for membership as □ General Member OR □ Supervisory Member**

**□ I agree to abide by the Rules of the Association for Supervised Pastoral Education in Australia Inc.**

**□ I include copies of my CPE certificate/s (OR other relevant certification) *certified as per #16. overleaf*;**

**□ I understand that I will be required to pay my membership fees of $110 as a General (Full) Member, or $225 as a Supervisory Member, and I will forward my payment on request from the Treasurer. I understand that membership fees will fall due by the Annual General Meeting held in November each year.**

**Signed …………………………………………………………….. Date …………………………….**

**14. DEFINITIONS of GENERAL MEMBER, and SUPERVISORY MEMBER**

Appendix 3 of the Rules of the Association defines a General Member, and Supervisory Member thus:

**General Member**

An applicant for General Member of the Association must:

(a) have satisfactorily completed a minimum of two accredited units of Clinical Pastoral Education (CPE) conducted in a centre registered with the Association, and supervised by a CPE Supervisor; or

(b) have satisfactorily completed a minimum of two units of CPE conducted under the auspices of an Approved Professional Association; or

(c) be a theological teacher in the areas of pastoral care, pastoral theology, pastoral psychology, supervised ministry field education; or

(d) a professional person who, in the opinion of the Executive, is able to make a contribution to SPE.

Rule 4 (10) states that General Members shall be entitled to use the letters M.A.S.A.C.P.E.V. after their name as a recognition and mark of their professional competence.

**Supervisory Member**

An applicant for a Supervisory Member of the Association must:

(a) be a person in good standing with the Association, as determined by the Executive; and

(b) have received notification of their registration as a “Provisional Clinical Pastoral Supervisor” within a centre registered with the Association; or

(c) achieved accreditation as a Supervisor at a level equivalent to that of Clinical Pastoral Supervisor in any Approved Professional Association.

NOTE: Applications for Supervisory Member must be approved by the Registration and Certification Committee before confirmation of membership.

**15. APPLICATIONS accompanied by certified copies of your CPE certificates may be LODGED with the REGISTRAR of ASACPEV Inc.**

**16. CERTIFICATION OF CPE CERTIFICATES AND OTHER DOCUMENTS**

Photocopies of documentation **must be certified as true copies** of the original by one of the following: Full Member of ASACPEV Inc, Accountant, Justice of the Peace, Pharmacist, Psychotherapist, Police officer, ASACPEV Inc. Supervisor (Provisional or Accredited), Medical Practitioner, Minister of Religion and Civil Celebrant.

**Each photocopied page should be marked ‘certified as a true copy of the original’ and include a signature and the printed name and designation of the certifying officer, as listed above**.

The certifying officer must not be a family member or spouse.