



Advancing Family Therapy training and clinical practice since 1979.

## The Australian Association of Family Therapy Inc.

PO BOX 2351. RICHMOND VIC 3121. AUSTRALIA Tel 0499 078 211

[www.aaft.asn.au](http://www.aaft.asn.au) [admin@aaft.asn.au](mailto:admin@aaft.asn.au) ABN 44 698 290 795

### PROFESSIONAL MEMBERSHIP APPLICATION FORM

*Professional Membership is open to any applicant who is a practising therapist or counsellor and who possess a degree in Health Science, Social Science, Education or equivalent. They must be eligible for Registration with AHPRA or PACFA or have membership of a Professional association (eg. APS, AASW, OTAus, PACFA College). The applicant will satisfy the committee that they meet the criteria for Professional Membership determined by the Committee of Management. A Professional Member is encouraged to align their practice with the AAFT Code of Ethics, however their practice is ultimately bound and adjudged by their own professional Code of Ethics. Professional Membership does **not** entitle a member to identify themselves as a "AAFT Family Therapist" or "Family Therapist AAFT".*

#### CONTACT DETAILS:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ Post code \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Email1: \_\_\_\_\_ Email2: \_\_\_\_\_

(Please print clearly)

(Please print clearly)

#### GENERAL DETAILS:

Job Title: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Languages other than English: \_\_\_\_\_

#### FAMILY THERAPY SPECIFIC DETAILS \*:

\* These questions are optional, they are not criteria for selection into membership, AAFT uses this information to be informed of its membership.

Family Therapy Training and Supervision (completed and in progress):

Has any other professional organisation or registration board found you to have breached a code of ethics or to have engaged in unprofessional conduct? \*

\* A yes answer will not necessarily exclude membership; however further information may be sought.

YES  NO

AAFT collects this information to protect the integrity of its membership. This information will not go beyond the Committee of Management and will remain on file for the duration of your AAFT membership.

#### OTHER PROFESSIONAL MEMBER ASSOCIATIONS TO WHICH I BELONG:

Australian Association of Social Workers <input type="checkbox"/>	Psychotherapy and Counselling Federation of Australia <input type="checkbox"/>
Australian Psychological Society <input type="checkbox"/>	Australian College of Mental Health Nurses <input type="checkbox"/>
Australian Health Practitioners Regulation Agency <input type="checkbox"/>	Other <input type="checkbox"/> Please Specify

I WOULD LIKE TO RECEIVE A HARD COPY OF THE ANZJFT (\$36 annually)

By signing this document, I agree to be bound by the Rules of Association for the time being in force as and from my admission as a professional Member.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please see go to <https://www.aaft.asn.au/aaft/make-a-payment/> for online payment options- (\$306.00 Annual Fee + \$14.50 Once-off Admin Fee)

Forward cheques or money orders to:

AAFT Office Manager

PO BOX 2351 RICHMOND VIC 3121 Ph 03) 9429 9938 Email [admin@aaft.asn.au](mailto:admin@aaft.asn.au)

**RENEWALS ARE DUE ON THE 1ST JULY. You will be sent an invoice annually**