



51 Cuppage Road
#03-03
Singapore 229469
Tel: (65) 6339 5411 Fax: (65) 6337 2327
Website: <http://certifiedcounsellors.org>

Membership Application Form

Personal Details

Name: Mr / Mrs / Mdm / Ms / Dr _____

Address (Home): _____

_____ Postal Code: _____

Phone (Home): _____ Phone (Office): _____ (HP) _____

Email: _____ Date of Birth: _____ Age: _____

NRIC/Passport No.: _____ Nationality: _____ Gender: Male / Female

Race/Religion: _____ Marital Status: Single / Married / Separated / Divorced / Widowed

Race: Chinese/Malay/Indian/Eurasian/Caucasian/Others: _____

Status: Employed / Self-Employed / Homemaker / Retiree / Senior Citizen / Unemployed

Attached your recent photograph

Educational Qualification (Please attach relevant photocopied Certificate and Transcript)

Name of Institution / University	Awarded	Major	Year Graduated

Supervisor Details

Name / Designation: _____ Email: _____

Organisation: _____ Contact No: _____

Credentials: _____

Other Counselling related Training

Workshop / Seminar / Courses	Year Attended	Course Duration	Total Hours	Remarks

Employment

Name of Organisation	Designation	Date Joined	Date Left	Remarks

Other Professional Membership

Name of Professional Body	Membership Category	From	To

Membership Applying for

Category: Affiliate (\$40) / SMACC (\$50) / AMACC (\$60) / MACC (\$80) / CMACC (\$100) / IMACC (\$500)

For Official Use Only:

Application Status: Approved / Rejected / Pending

Reasons for "Rejected" or "Pending": _____

COUNSELLING LOG

No.	Counselling Date	Client (Pseudo name)	Organisation	No of hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
			TOTAL	

Signature (Supervisor)

Signature (Applicant)

Date

Terms & Conditions

1. Information must be dully filled before consideration is given for membership
2. Attach all necessary documents such as Certificates, Transcripts and must be submitted along with the Membership Application Form.
3. All application accompanied with a reference letter from their counselling supervisor would be preferred. Application without the reference letter must include an attachment of information about their counselling supervision experience and their supervisor credentials.
4. Upon acceptance as member, applicants agree to abide with the code of ethics of ACC, SAC and all legal regulations of Singapore.
5. Applicants who have prior records of criminal offence, investigated by a complaints, or has been refused membership by any professional body, must be declared with detail information.
6. All payments made for the membership fee are non-refundable.
7. For payment of membership fee, crossed cheques should be made payable to "**ACADEMY OF CERTIFIED COUNSELLORS**".
8. Post dated and non-transferable cheques are not accepted.
9. All participants are to observe the Copyright Law on intellectual properties such as software, courseware, newsletter of ACC, etc.
10. The Academy will not be responsible for any damages or loss occurred as a result of member's negligence. Investigation will be made if necessary.
11. Counselling Practise within ACC premise will be subjected to availability and every consent form must be signed duly.
12. ACC reserve the right to add or make amendments to this document when deemed fit to ensure unkeeping of professional standards or under such circumstances where the need arises.
13. Certificates are awarded by the Academy of Certified Counsellors, duly signed by the President of ACC.
14. All Certificates must be collected within 1 (one month) from the date of notification. Uncollected Certificates will be disposed and will be imposed a \$30.00 admin fee for each re-print.

Declaration

I _____ (Name) declare that I have read the terms and conditions on this membership application form and that, to the best of my knowledge, the information provided by me is true and complete in every particular. I acknowledge that Academy of Certified Counsellors may vary or reverse any decision regarding admission/acceptance of membership made on the basis of incorrect or incomplete information provided by me.

Applicant's Signature Date
(Designation & Company stamp if necessary)

For Official Use

Certificate No.: _____ Receipt No.: _____

Amount Paid: Cash / Cheque / Nets / Credit Card Date: _____