



# NALAG Membership Application

[www.nalagvic.org.au](http://www.nalagvic.org.au)

TAX INVOICE (retain a copy for tax purposes)

**ABN 51 905 796 173**

## Contact Information:

Last Name \_\_\_\_\_ Given Name/s \_\_\_\_\_

Organisation (If organisational membership) \_\_\_\_\_

Postal Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

## Application:

*Please accept my application for (Tick as appropriate)*

**Individual Member** \$60 p.a. (\$30 conc.)

For concessions provide:

Concession Card No. \_\_\_\_\_

or Student No. \_\_\_\_\_

**Professional Member** \$100 p.a.

**Organisational Member**  
Income Under \$100,000 \$90 p.a.  
Income Over \$100,000 \$170 p.a.

**Clinical Member** \$240 (including \$90 non-refundable assessment fee & \$150 per annum clinical membership fee)

With recognition as an educator (no fee)

With recognition as a supervisor (no fee)

\*All amounts are inclusive of GST

## Attachments:

### Individual/Organisation Membership

No evidence required

### Professional Membership:

Attach evidence of:

- A three-year degree, or a two-year qualification, or a post-graduate degree in counselling, education, health, medicine, nursing, psychology, social sciences, social welfare, social work or theology

### Clinical Membership:

Attach evidence of:

- A three-year degree or a post-graduate degree in counselling, education, health, medicine, nursing, psychology, social sciences, social welfare, social work or theology.
- A minimum of 200 hours of counselling theory including at least 80 hours of loss and grief theory.
- 200 hours of counselling practice within a two-year period including at least 80 hours of loss-and-grief counselling.
- A minimum 40 hours of supervision, that includes a minimum 20 hours related to loss and grief issues
- Current Victoria Police Check (refer guidelines)
- Evidence of Professional Indemnity Insurance

### Educator:

Attach evidence of:

- A Certificate IV in TAA (Training & Assessment)

### Supervisor:

Attach evidence of:

- Certificate IV in counselling supervision or equivalent qualification. Eg. APS, AASW

**Declaration:** I (print name) \_\_\_\_\_ declare that I will adhere to the NALAG (Vic) standards of practice and that the information I have supplied in/with this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send ① completed renewal form and ② cheque, credit card or bank transfer details to:**

**NALAG** Suite 4, Level 1 182 Victoria Parade East Melbourne VIC 3002  
Phone 03 9650 3000 Fax: 03 96505777 Freecall Country Vic 1800 100 023  
email: [info@nalagvic.org.au](mailto:info@nalagvic.org.au)

**Bank transfer:** Bendigo  
Bank BSB 633 000  
Account: 124729807

Visa  MasterCard  Money Order  Cheque to "NALAG (Vic)"

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name as shown on card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Authorised signature: \_\_\_\_\_