



NALAG Membership Application

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 \$110 p.a.

Organisational Member
Income Under \$100,000 \$100 p.a.
Income Over \$100,000 \$180 p.a.

Clinical Member \$250 (including \$90 non-refundable assessment fee & \$160 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 Membership GPO Box 654 Melbourne VICTORIA 3001
Phone 03 9329 4003 Fax: 03 9329 4005 Freecall Country Vic 1800 100 023
email: 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: _____