

ASSOCIATION OF PSYCHOTHERAPISTS AND COUNSELLORS (SINGAPORE)

MEMBERSHIP APPLICATION FORM

A. PERSONAL INFORMATION

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

Address (Residence): _____

_____ Postal Code: _____

Phone (R): _____ Phone (O): _____ (Mobile) _____

Email: _____ NRIC : _____

Date of Birth: _____ Age: _____ Gender: Male / Female

Marital Status: Single / Married / Separated / Divorced / Widow

Nationality: _____ Citizenship Status: Singaporean / PR / Others _____

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

Language: Written / Spoken: _____

Language / Dialect Spoken Only: _____

B. EDUCATIONAL ATTAINMENT (PLEASE ENCLOSE A COPY OF YOUR TRANSCRIPT)

Name of Institution / University	Diploma / Degree Conferred	Major	Year Graduated

C. SKILLS DEVELOPMENT IN COUNSELLING / PSYCHOTHERAPY

	Name of Workshop / Seminar / Courses Attended	Duration	Year	Remarks
1				
2				
3				
4				
5				

D. EMPLOYMENT HISTORY

	Name of Organisation	Position	Date Joined	Date Left
1				
2				
3				
4				
5				

E. PRESENT JOB DESCRIPTION

1. _____
2. _____
3. _____
4. _____
5. _____

F. COMMUNITY INVOLVEMENT (S)

	Name of Organisation	Position Held	Period	Paid or Voluntary
1				
2				
3				
4				
5				

G. PRACTICUM HOURS

	Name of Organisation	Site Supervisor	Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

H. CLINICAL SUPERVISION HOURS

	Name of Supervisor	Hours
1		
2		
3		
4		
5		
TOTAL		

I. TYPE OF MEMBERSHIP APPLIED FOR:

Please Tick ✓ Accordingly

Ordinary Member	S\$50.00
Fellow Member	S\$100.00
Life Member	S\$800.00 (one-time payment)
Associate Member	S\$40.00
Student Member	S\$30.00
Corporate Member	S\$200.00
Note: Registration fee S\$50.00 (one-time non-refundable payment) See notes behind for membership category information	

- * Those who join between Jan to Jun of the year of application, will pay full fee.
- * Those who join between Jul to Dec of the year of application, will pay 50% fee.
- * Thereafter in the following year, full annual fee applies.
- * All annual subscriptions are renewable in January of the year.
- * Reinstatement fee for lapse member is S\$100.00 together with payment of all dues in arrears. Those who wish to re-apply for membership shall have their application treated as fresh application and shall be subjected to the approval of the prevailing Executive committee.

J. ACCREDITATION LEVEL (LICENSE PRACTITIONER)

APPLIED FOR:

Please Tick ✓ Accordingly

Level 1: Certified Practitioner Basic relevant degree with 150 hours Supervised practicum Annual fee: S\$40.00	
Level 2: Certified Practitioner Basic relevant degree with 300 hours Supervised practicum Annual fee: S\$50.00	
Level 3: Certified Master Practitioner Basic relevant Masters Degree with 300 hours Supervised practicum Annual fee: S\$80.00	
Level 4: Certified Master Practitioner Basic relevant Masters Degree with 500 hours Supervised practicum Annual fee: S\$100.00	
Level 4/S: Certified Master Practitioner / Supervisor Annual fee: S\$120.00	
Educator: Those wishing to join as member but do not intend to practice as counsellor or psychotherapist	No additional fee

NOTES ABOUT MEMBERSHIP CATEGORIES

Fellow member

A Fellow member is firstly an Ordinary member who by outstanding and exemplary services provided to the field of human services (counselling, psychotherapy, psychology) can choose upon application and approval of the Executive committee to upgrade himself to this category. He shall have voting rights and is obliged to continue paying the appropriate annual and other dues. He can hold any elective office.

Life member

Life member is firstly an Ordinary member who chooses to make a onetime lump sum payment of his annual dues. He shall then be exempted from paying further membership annual dues. He possesses voting rights and can hold any elective office.

Ordinary member

An ordinary member is one who has provided sufficient documentary evidence of adequate training and experience to be recognized by the Association as a qualified person to be admitted as a member. He shall have voting rights and can hold elective office (for Singapore Citizen & Singapore Permanent Residents only.) He is not exempted from his annual dues payment.

Associate member

An associate member has some affiliation to the counselling profession, either via studies or work (e.g. nurses, physiotherapists, religious counsellors). This category of member can also include corporate / institutional organizations. This member shall possess no voting rights and cannot hold any elective office. He is not exempted from annual dues payment.

Student member

A student member shall have the expressed interest in the field of counselling, psychotherapy, psychology and/or human services (e.g. nurses, physiotherapist). He shall be at least be sixteen years of age at the time of application and can be transferred to higher grades upon application and approval by the executive committee. He shall have no voting rights and shall continue his annual dues payment

Honorary member

Honorary member shall be a renowned person or an individual with outstanding contribution in the field of human services. He can be proposed by the Executive Committee to this position for only the period within the tenure of the current term of office of the Executive Committee. He shall be exempted from the payment of entrance and/or annual subscription fees. He shall have no voting rights and is not allowed to hold elective office.

Corporate member

Legally registered organisations in Singapore and overseas can apply for corporate membership if they indicate their expressed interest to enhance, promote and practice the ideals of counselling, psychotherapy and psychology. They shall however possess no voting rights and will not be permitted to hold office in the Association. Their application shall be subjected to approval by the Executive Committee and can be revoked at any time and at the discretion of the Executive Committee. No reasons for their termination need to be given. Personnel of corporate members shall not enjoy all privileges accorded to ordinary members of the association automatically and all activities shall be held at an Organisation-to-organisation level. Corporate member shall pay an annual subscription of S\$200.00 before the commencement of the next financial year. This sum can be adjusted by the Executive Committee according to prevailing circumstances.

K. PROPOSED BY TWO CURRENT APAC (S) MEMBERS OF GOOD STANDING

No	Name of Proposers (current APAC (S) members of good standing)	Membership Number	Signature	Date
1				
2				

L. SUMMARY OF APPLICATION

No	Applying for:	Please Tick ✓ Accordingly	Amount S\$
1.	Grade of Membership		
2.	Practitioner's Level		
3.	Registration		S\$50.00
<i>a. Please issue cheque crossed and in favour of</i> APACS and mail to address in page 8 <i>b. For fund transfer please debit to:-</i> DBS Bank Ltd A/C 104-900009-5 12 Marina Boulevard DBS Asia Central, Marina Bay Financial Centre Tower 3 Singapore 018982 Swift Code: DBSSGSG Please indicate your name & other details in reference.		Total Amount	S\$

M. APPLICANT NOT MEETING ENTRY CRITERION

Applicants who do not meet the entry criterion may still apply and be admitted as member upon approval of the Executive Committee and after fulfilling other requirements. This will be on a case to case basis and should not be constituted as a precedent.

N. CHECK IF YOU HAVE COMPLETED THE FOLLOWING BEFORE SUBMISSION

Please Tick ✓ Accordingly

1.	Enclosed your Transcripts & Certificates <i>(Non-submission of documents may result in a rejection of your application)</i>	
2.	Enclosed documentary proof of your practicum	

O. DECLARATION

I declare that:

- The information stated above is accurate and true to the best of my knowledge
- Upon acceptance as a member, I shall uphold the constitution, code of ethics, code of conduct and behavior and conform to the Manual of Procedures of the Association to the best of my abilities.
- I have not been charged with any criminal offence(s) in any court of law.
- I have read and understand the terms & conditions of my membership.

Applicant's Signature: _____ **Date:** _____

P. WEBPAGE INCLUSION

Specialised Skills:

1. _____
2. _____
3. _____
eg. Cognitive Behavioral Therapy

Client Categories:

1. _____
2. _____
3. _____
eg. Young adults

For Official Use Only:

Application

Approved : _____

Application

Rejected: _____

Reason: _____

Application

Pending : _____

Applicant notified by: _____ **Date:** _____

Membership number: _____

SURVEY OF AREA OF INTERESTS

A. Area of speciality (you may indicate more than one):

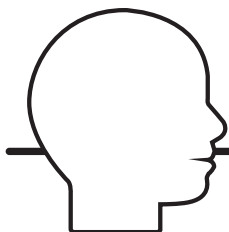
- | | | | | | |
|-----------------------------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Abuse cases | <input type="checkbox"/> | Adolescents risk | <input type="checkbox"/> | ADHD | <input type="checkbox"/> |
| Children with disabilities | <input type="checkbox"/> | Depression | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> |
| Elderly Rehab | <input type="checkbox"/> | Elderly issues | <input type="checkbox"/> | End of life issues | <input type="checkbox"/> |
| Family issues / Violence | <input type="checkbox"/> | Gerontology | <input type="checkbox"/> | Geriatrics | <input type="checkbox"/> |
| Marriage issues | <input type="checkbox"/> | Mental health issues | <input type="checkbox"/> | Palliative care | <input type="checkbox"/> |
| Prison rehab | <input type="checkbox"/> | Sleep disorder | <input type="checkbox"/> | Suicide | <input type="checkbox"/> |
| Substance /
behavior addiction | <input type="checkbox"/> | Trauma | <input type="checkbox"/> | | |

Others: _____

B. To enhance my counselling / psychotherapy skills I would be keen to attend workshops, lectures and course related to the following topics:

- _____
- _____
- _____
- _____
- _____

Thank you



APACS

Association of Psychotherapists and
Counsellors (Singapore)

APAC (S), The Secretariat

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#01-1450, Singapore 530124

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email : secretariat@apacs.org.sg