



Australasian Ego State Therapy Association

MEMBERSHIP APPLICATION FORM

PO BOX 2196 BOWRAL NSW 2576 • PH: 1300 652 300

PERSONAL DETAILS:

Name: _____ D.O.B. _____

Email: _____ Male Female

Phone: (B/H) _____ (A/H) _____

Mobile: _____ Title: Dr / Mr / Mrs / Ms / Miss / Other _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Suburb: _____ State: _____ Postcode: _____

Are you a practising Counsellor/Therapist? No Yes State full or part-time _____

Current Employer _____

Occupation _____

Level of Ego State Therapy Training achieved:

Type: Ego State Therapy Resource Therapy

Level: None Certificate/Foundation Clinical/Diploma

INSURANCE: Do you have Public Liability Cover? No Yes Insurer: _____

For information about the Public Liability Insurance package available from our Broker Insurance House.

Visit: www.aesta.com.au/resources/insurance

MEMBERSHIP LEVELS:

Level of Membership required: (please cross box)

Registered Clinical (\$125) : go to section 1

Associate (\$75) : go to section 2

Affiliate (\$45) : go to section 2

SECTION 1.

Clinical (Registered) \$125.00:

Practicing Clinical Therapist – fully trained in Ego State Therapy (Diploma level)

- (a) Please attach a copy of your Diploma/Clinical level certification in Ego State Therapy or equivalent certification in Resource Therapy*.
- (b) Please attach a record of supervision showing the number of hours of supervision undertaken within the last 12 months. This must be signed and dated by your Supervisor.
- (c) Please attach a reference regarding your character and your standing within the community.

NB: This application cannot be processed without all of the above documents attached

Details of your current Supervisor: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (B/H) _____ Email: _____

Name of Referee: _____ **Phone:** _____

The Referee cannot be your supervisor, relative or spouse.

The Referee can be a peer, colleague or another professional person.

QUALIFICATIONS & INSURANCE

List other relevant qualifications gained (attach copies of certification eg: Counselling/Hypnotherapy etc)

(attach list if more room needed) _____

List all modes of therapy offered to your clients: _____

Your professional practice name: _____

Practice address: _____

Practice Website: _____

Do you have a current St Johns First Aid Certificate? YES (Please attach a copy) NO

Do you have Professional Indemnity Insurance? YES (Please attach a copy) NO

Professional Indemnity Insurer: _____

Policy No: _____ Expiry Date: _____

NB: If you do not have professional indemnity insurance, you cannot be listed on our 'Find a Therapist' database and we cannot recommend clients to you.

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SECTION 2.

Associate \$75.00 :

I hold a Foundation/Certificate in Ego State Therapy or Resource Therapy*

- (a) Please attach a certified (by a JP) copy of your Foundation/Certificate in Ego State Therapy
- (b) Are you a Student member or an Affiliate member wanting to upgrade?
If so please attach a copy of your current membership document.

Note: If you have attained a (Clinical)Diploma in Ego State Therapy but do not wish to practice as a therapist and do not have Public Liability Insurance, you can join in this category, as an Associate Member. You will not be a registered practitioner even though you have The Diploma. You will not have to undergo regular professional supervision.

Affiliate \$45.00 :

I am interested in Ego State/Resource Therapy* and want to be part of AESTA

- (a) Please explain briefly what interests you about Ego State Therapy or Resource Therapy

- (b) How did you hear about Ego State Therapy or Resource Therapy?*

*See Resource Therapy note on page 4

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SECTION 3.

Questionnaire – Conduct & Ethics:

NB: This section must be completed by all applicants.

Please answer the following by circling the appropriate answer.

1. Have you ever been refused entry/admission to a Professional association or board because of professional misconduct?

No / Yes

2. Are you aware of any formal complaints made against you in regard to your practice as a counsellor/therapist or workplace?

No / Yes

3. Have you ever been deregistered or dismissed or had action brought against you from a Professional association or registration board because of a complaint made against you?

No / Yes

4. Are there any complaints of professional misconduct currently under investigation in relation to current or past work?

No / Yes

5. Have you ever been convicted of a criminal action?

No / Yes

6. Are you currently under investigation by State, Territory or Federal Police?

No / Yes

* **Resource Therapy is an advanced form of Ego State Therapy developed by Prof Gordon Emmerson**

Resource Therapy is the next evolutionary step for Ego State Therapy and is therefore referred to as 'Advanced Ego State Therapy'. The differences are outlined on the AESTA site.

The term 'Resource' is self explanatory and this therapy utilises and shows how each individual can bring forth resources that lay deep or not so deep in one's personality to affect a fuller and complete action to help in coping with given situations in one's life. Historically in Ego State Therapy these resources were called 'Ego States' within each persona or self.

I have read and understand the above note about Resource Therapy No Yes (please tick)

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SECTION 4.

Membership Agreement (Mandatory for Membership)

As a member of AESTA,

I, (print name) _____ agree to:
abide by the objectives, codes and regulations of the Australasian Ego State Therapy Association (AESTA) and do swear that the information provided in this Membership application is true and accurate.
Furthermore, if I am a non-practising (non-clinical) member, I agree not to portray myself as, or give the impression of being, a practising registered clinical member. I also will not accept paid or unpaid work as an Ego State Therapy practitioner unless I am a Registered Clinical member holding The Diploma or Clinical level Certificate in Ego State Therapy or Resource Therapy and current membership.

Signature: _____ Date _____

Payment:

*Make sure that you have completed the section relevant to your application and have provided the evidence and answers asked of you BEFORE submitting the application to:
AESTA, c/- PO Box 2196, Bowral, NSW 2576.*

PAYMENT DETAILS:

I have enclosed my cheque/money order for \$_____.
Cheques should be made out to the Australasian Ego State Therapy Association Inc.

Please debit my credit card the amount of \$_____ (Visa / Mastercard) please circle

Card Number: _____ Expiry Date: _____ / _____

Name of Card Holder: _____

Signature of Card Holder: _____ Date _____

I prefer to Direct Credit the Australasian Ego State Therapy Association (AESTA)

Bank account details: BSB: 082 212 Account no: 11565 0652

You must use your SURNAME as the reference code if using this method, AND attach a printout of the bank receipt to this application.

Return Application to: AESTA, PO Box 2196, Bowral NSW 2576.

For quicker processing please email confirmation of sent application to admin@aesta.com.au