

ANZICA

Australian and New Zealand Infertility Counsellors' Association Inc.

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ANZICA is an association of professionally qualified infertility counsellors, primarily psychologists or social workers who are also eligible for membership of their professional associations.

APPLICATION for MEMBERSHIP, ASSOCIATESHIP, OR AFFILIATESHIP

Name: _____
(Family Name) (Given Name)

Address: _____

Post Code: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Level of Membership for which you are applying: Member : π Associate: π Affiliate: π

Academic Qualifications:

Please detail courses completed, including year of award and name of the awarding institution. Certified copies of academic records must be attached. Ordinary photocopies are NOT acceptable.

<i>Name of Course</i>	<i>Awarding Institution</i>	<i>Year of Award</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also state your university training in psychological counselling including course outlines, topics covered and number of hours involved for each topic: Also include the number of hours of supervised practice and the names and qualifications of supervisor/s.

2.

Post-graduate Supervision:

Full membership requires at least 2 years of post-graduate professional counselling supervision. Please indicate (in chronological order) your supervisor's name(s), length of supervision with that person(s) and the location of the supervised work. Also include the telephone numbers and addresses of your supervisors and signed statements from them attesting to your satisfactory completion of your supervision.

Membership of any Professional Association: eg: APS, AASW, FRCOP. *Please indicate level and duration of membership and attach a certified copy of your current membership certificate(s):*

Practice Registration Details (if applicable):

Employment - Current Employer(s):

Current Job Description:

(include number of infertility counselling hours per week)

Name of Assisted Reproduction Clinic to which you are specifically attached (if any)

Other relevant employment or academic research. - *Please give details.*

Current knowledge of infertility and its treatment

*In the following space please indicate with which of the following you have been involved in the **last 12 months:***

(a) Books and journals read: _____

3.

(b) Workshops in infertility attended: _____

(c) Conferences or academic papers attended: _____

(d) Infertility Clinics visited: _____

(e) Other (Please describe): _____

You are invited to attach any further information which you believe will strengthen your application.

Signed _____ Date _____

Please return to:- Liz Hurrell
Reproductive Endocrinology and Infertility
Missenden Road, CAMPERDOWN, 2050
Ph:(02) 95158119
Fax: (02) 95157976
Email: elizabeth.hurrell@email.cs.nsw.gov.au

Note: Processing of applications for membership will be undertaken as soon as possible. Written advice will be forwarded to your home address unless otherwise requested. ANZICA will also offer a mentor for the first year of membership. Your state representative will contact you following your acceptance for membership.

Checklist

Before you post this application have you:

- 1 Completed all questions on the form
- 2 Attached certified copies of your academic transcripts
- 3 Included signed statements from your counselling supervisors
- 4 Attached a certified copy of your current membership of the relevant professional association

Your application will be delayed if requested documents are not provided