



Psychotherapy & Counselling
Federation of Australia

PACFA Reactivation Form

PACFA Members in practicing membership categories and other PACFA Registrants may apply to reactivate their suspended PACFA membership or registration within a five year period. Please refer to the [Suspension and Reactivation Policy](#) for full details of the reactivation process.

PART 1: Personal Details

Your personal details will be treated as private and confidential

| | | | |
|------------------------------------------|------------------------------------------------------------------------------------|---------------------|------------------|
| Family Name: | | Title: | |
| Given Names: | | Register No: | |
| Postal address: | | | |
| | Suburb: | State: | Postcode: |
| Telephone: | () | Mobile: | |
| Email: | | | |
| Name of PACFA Member Association: | * If you belong to a PACFA Member Associations, please provide proof of membership | | |

PART 2: Professional Indemnity Insurance

- I wish to reactivate and be covered by PACFA's Master Insurance Policy, (PACFA will send you a link to the Master Insurance Policy form if you tick this option)
- I am covered by my employer's professional indemnity policy (employer letter attached)
- I have my own professional Indemnity insurance policy (certificate of currency attached)

PART 3: Ethics Declarations

Have you ever had any complaints of professional misconduct substantiated in relation to your work? Note: A "yes" answer will not necessarily exclude you from membership or registration with PACFA. If so please attach documentation outlining the nature and outcome of the complaint. Yes / No

Are you currently being investigated for any complaints of professional misconduct in relation to your work? Note: A "yes" answer will not necessarily exclude you from membership or registration with PACFA. If so please attach documentation outlining the nature and outcome of the complaint. Yes / No

Have you ever had a criminal conviction recorded against you or are you currently under investigation by State, Territory, Federal or International Police? If so please attach documentation outlining the nature and outcome of the complaint.

Yes / No

PART 4: Applicant declarations

I, _____ (print name) confirm that:

Please tick:

- I have professional indemnity insurance cover in place and agree to maintain continuous cover for the duration of my registration (please attach proof)
- I am a current member of a PACFA Member Association (if applicable please attach proof)
- I agree to abide by the PACFA [Code of Ethics](#) and the [PACFA Constitution](#).
- I commit to undertaking the annual Supervision and Continuing Professional Development requirements for PACFA renewal purposes
- The information I have provided on this form is true and correct.

Applicant's signature: _____

Date: / /

PART 5: Fees and Payment Options

There is an administrative fee of \$115 (inc. GST) to reactivate your PACFA membership or registration. Once your reactivation is approved PACFA office will contact you pay the applicable membership fee.

Payment Options:

Cheques: Payable to PACFA

Direct Deposit:

Bank: ANZ Lygon St Account name: PACFA
BSB number: 013-259
Account number: 4919-78993
Please quote your Surname and "Reactivation"

Please send your completed application form and relevant documents to PACFA via email to register@pacfa.org.au or via post to 290 Park Street, Fitzroy North VIC 3068

Nilu de Alwis
Team Leader - Membership
290 Park Street,
North Fitzroy VIC 3068

OR via email:
register@pacfa.org.au