



c.a.p.a.v

**Counsellors' and Psychotherapists'
Association of Victoria Incorporated**

ABN: 79 173 269 029 Incorporation No. A0042615K

Clinical Web Site Register

If you are a Clinical Member, you are eligible to have your details listed on the c.a.p.a.v web site. There is a fee of \$50.00 (payable annually) for listing on the site.

Contact Information

Name: _____ By Appointment Only:

Business Name: _____

Business Phone Number: _____ Mobile Phone (optional): _____

Full Business Address: Street _____
Suburb _____ State _____ Postcode _____

Email Address: _____ Web Site Address: _____

Professional Special Interests: (Please complete the following section).

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Adolescent | <input type="checkbox"/> Children | <input type="checkbox"/> Crisis/trauma |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Grief and loss | <input type="checkbox"/> Group facilitation | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Trauma | <input type="checkbox"/> Other |

Specialty Areas - Services Offered (Optional – maximum 100 words)

Tertiary Qualifications

Professional Associations & Registration Numbers (where applicable)

I authorise c.a.p.a.v to include the information stated above on the Clinical Web Site Register and declare that the above details are true and correct.

Signed: _____ Date: _____

Note: Please enclose your \$50.00 annual fee in addition to your Clinical Membership Renewal fee.