

ACT Careers Association Membership Form

Established in 2020, the ACT Careers Association (ACTCA) provides support and services to career practitioners, school staff and organisations who assist children and young people with their career development.

ACTCA membership

ACTCA membership is open to career practitioners, school staff, individuals, business and industry organisations interested in connecting with the careers industry in the ACT and Capital region. Members will be supported to build skills and knowledge to provide evidence-based career development services and/or programs to children and young people at work and in our community. The Association aims to build industry and stakeholder engagement.

ACTCA member categories and benefits

Professional member \$95

Professional membership is available to career practitioners who meet the minimum qualification described by CICA in the Professional Standards for Career Development Practitioners and the ACTCA's Constitution. Benefits are:

- ACTCA professional development (CPD) at member rate
- Access to the ACTCA's Member's Room
- ACTCA quarterly newsletter and email updates
- Voting privileges at ACTCA meetings
- Email signature block
- ACTCA certificate of membership and recognition as a Professional member

Associate member \$95

Associate membership is available to career practitioners who meet entry-level qualification for Associate status described by CICA in the Professional Standards for Australian Career Development Practitioners and ACTCA's Constitution. Benefits are:

- ACTCA professional development (CPD) at member rate
- Access to the ACTCA's Member's Room
- ACTCA guarterly newsletter and email updates
- Voting privileges at ACTCA meetings
- Email signature block
- ACTCA certificate of membership and recognition as an Associate member

Collegial member \$95

Collegial membership is available for individuals who wish to be involved in the careers industry but do not have a CICA endorsed career qualification. Collegial members agree to abide by the ACTCA's rules and Code of Conduct. CICA's professional standard requirements are not applicable to this membership category. Benefits are:

- ACTCA professional development (CPD) at member rate
- Access to the ACTCA's website Member Room
- ACTCA quarterly newsletter and email updates
- Voting privileges ACTCA meetings
- Email signature block

Industry member \$130

Industry membership is available for education and/or training institutions, businesses, organisations and other industry stakeholders that support the vision, purpose and goals of the ACTCA. Industry members agree to abide by the ACTCA's rules and Code of Conduct. CICA's Professional Standard for Australian Career Development Practitioners requirements are not applicable to this membership category. Benefits are:

- ACTCA quarterly newsletter and email updates
- Access to the ACTCA's Member's Room
- Voting privileges at ACTCA meetings (1 vote per Industry member)
- Access to ACTCA members/career practitioners contact details on request
- Access to ACTCA CPD events 2 members when CPD has unrestricted numbers and no cost. Additional members on request.
 - $-\,1$ member when CPD has limited participant numbers and no cost. Additional members on request.
 - $-\,1$ member when CPD has limited participant numbers and a cost. Additional members on request.

Life member \$0

Life membership is awarded by the Association as an acknowledgment and recognition of outstanding and distinctive service of an ACTCA member to the ACTCA and field of careers. Nomination is made through the ACTCA Life Member nomination process.

Please contact the ACTCA Secretary (actcareersassoc@gmail.com) if you require more information about ACTCA membership or clarification regarding the ACTCA membership categories and eligibility.



ACT Careers Association (ACTCA) 20____ - 20___ Membership Form

ABN: 91 350 657 689

Download and completed ACTCA Membership Form. If applicable, attach a copy of your career qualification and email the membership form and qualification to ACTcareersassoc@gmail.com. Payment should be made when submitting the membership form.

Contact the Association if you have any questions or concerns.

1. Personal details					
First name(s):					
Surname:					
Email address:					
Postal address:					
State/territory:					
Phone:					
2. Work details - paid or unpaid (if applicable)					
Workplace/volunteer/organisation:					
Position/role:					
Work phone:					
Work email:					
3. Career qualification details (if applicable)					
Post graduate qualification:	VET Code if applicable				
Certificate IV qualification:	VET Code				
Institution:					
Year of graduation:					
Evidence:	If applying for Professional or Associate membership* please attach a copy of your highest (AQF level) career qualification transcript with your Membership Form. *Refer to the ACTCA membership categories for eligibility.				
	I have previously supplied a copy of my career qualification transcript/award.				
List other career qualifications: e.g. career qualification micro- credential					

4. ACTCA membership

Please check your mer	indership category	arra arra			
ACTCA Profession	nal member - \$	95	I am currently a registered prof	fessional CDP with CICA.	
ACTCA Associate		95	I completed 15 CPD hours align during the last membership year		
ACTCA Collegial n	nember - \$	\$95	Associate Members only)		
ACTCA Industry m	nember - \$	3130	Industry		
I am a new meml	ber				
I have attached I agree to comp I agree to comp Select one of I consent to my	ant statements be orporations Act (1991) the distribution of the following membership regions of the statements be or the statements be of the statements be	elow and e 'register of eer quali t least 1! A rules and g optio istration	indicate your preferred 'release of members shall be open to inspection free of fication transcript. (Professional 5 CPD hours this membership yeard Code of Conduct. (All membership below details being open to inspection or	of charge to any member of the Association'. and Associate members only) ar. (Prof. and Assoc. members only) rs)	
I consent to my	y full name but no	other in	formation being open to inspect	ion.	
Signature:				Date:	
Ту	pe your initial and s	urname ir	n the absence of an electronic signa	ture	
6. Payment Payment must accompa	any your completed	I AOTOA I	Membership Form.		
Payment details	Account Name: Bank: BSB: Account Numbe	T(CT Careers Association eachers Mutual Bank 12-170 10914	Date:	
	Please record the date of the funds transfer in the box above.				
	Please record th		title ratios transfer in the box as	Jove.	
		ıde your	surname, initial and ACTCA men		