|  |
| --- |
| Application for SAC Registered Clinical Supervisor (RCS) must be submitted electronically via email to [admin@sacsingapore.org](mailto:admin@sacsingapore.org) with the relevant supporting documents. SAC Secretariat will conduct the first round of review to ensure that all the documents submitted are in good order before it will be submitted to the Clinical Supervision Board (CSB) for evaluation. The entire process generally takes about one (1) month on average. |

**Select your current Membership Category:**

|  |  |
| --- | --- |
| **Member ID:** |  |

* Fellow Member
* Master Clinical Member
* Clinical Member (Registered Counsellor)

|  |
| --- |
| **Personal Information** |

|  |  |
| --- | --- |
| **Dr / Mr / Mrs / Ms / Miss / Mdm** | Full Name as per NRIC / Passport |

(Write name in **BLOCK** letters. Underline family name.)

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mobile No.:** |  | **Office Tel.:** |  | **Home Tel.:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Block / Street Name** |  | **Unit No.:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Building**  **(if any)** |  | **Country** |  | **Postal Code** |  |

|  |  |
| --- | --- |
| **Employer:** |  |

|  |
| --- |
| **REQUIREMENTS** |

* A one-time non-refundable admin fee of SGD50.00 is applicable.
* A Masters’ degree in Counselling, Counselling Psychology, or similar field; demonstrated with a PDF transcript and certificate
* The individual must possess **at least three (3) years** post SAC Registered Counsellor status
* The individual must be a **current SAC Registered Counsellor (RC)** with membership fees paid up to date
* The individual must have **at least five (5) years** of experience as a professional counsellor. This will be fulfilled in the clinical experience section below.
* Minimum **one thousand five hundred (1500) post-graduation Practice/Clinical Hours**, of which **at least fifty (50) hours** were for the provision of supervision
  + Log-sheets and/or summary sheets endorsed by Head of Organisation or equivalent
* Minimum 100 hours of which sixty (60) hours of supervision received would have been completed as a Registered Counsellor
  + To submit an **additional forty (40) hours of supervision received** with log-sheets endorsed by Clinical Supervisor
* Minimum **fifty (50) hours** of Training in Supervision
  + Certificate OR Letter of attendance for each workshop/course is required (PDF)
* Possess a valid Professional Indemnity Insurance (“PI”) coverage from your company or be insured under SAC’s AIG Group Insurer (New Requirement w.e.f. March 2015 – Please see Article 5.5 of the SAC Constitution). You can also apply for exemption by completing an exemption form which is available upon request.

|  |
| --- |
| **CLINICAL EXPERIENCE** |

As it is a requirement for applicant to have **at least five (5) years** of clinical experience, please fill in this section clearly with your clinical experience clocked in the last five (5) years. Kindly state the specific number of hours for each year. Approximate hours are not allowed e.g. 10.33 hours. Please fill out the chart below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical Supervision** | |  | **Group Counselling** | |  | **Individual Counselling** | |
| **Year** | **No. of hours** |  | **Year** | **No. of hours** |  | **Year** | **No. of hours** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Marriage & Family Counselling** | |  | **Crisis/Hotline Counselling** | |
| **Year** | **No. of hours** |  | **Year** | **No. of hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INFORMATION VERIFIED BY:** | |  | **SIGNATURE OF APPLICANT** | |
| **Name:** |  |  |  | |
| **Signature:** |  |  |
| **Position:** |  |  |
| **Date:** |  |  | **Date:** |  |

***Note:*** *Please have your Supervisor, Director or an appropriate person within your organisation verify the details furnished in this application form*

|  |  |
| --- | --- |
| **For Official Use** |  |
| **Received by:** |  |
| **Date received:** |  |
| **Date submitted to Clinical Sup. Board:** |  |
| **Date of approval:** |  |
| **Approval status:** | Approved / Not Approved |