|  |
| --- |
| Application for SAC Master Clinical Member should 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 Register Board for evaluation. The entire process generally takes about one (1) to two (2) months on average.  Please note that a **one-time non-refundable admin fee of $50.00** is applicable for all new applications and subsequent conversions. |

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

**Category of Membership Applying For:**

* Master Clinical Member

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

photo

|  |  |
| --- | --- |
| **Dr / Mr / Mrs / Ms / Miss / Mdm** |  |

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

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** | DDMMYYYY | **Marital Status:** |  | **Nationality:** |  | **Race:** |  | **Sex:** | M / F |

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

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

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

|  |
| --- |
| **CHARACTER REFEREES** |

My application is supported by the following **three (3) Fellow Member / Master Clinical Member / Clinical Member**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHARACTER REFEREE 1** | |  | **CHARACTER REFEREE 2** | |
| **Name:** |  |  | **Name:** |  |
| **SAC Member ID:** |  |  | **SAC Member ID:** |  |
| **Email:** |  |  | **Email:** |  |
| **Company:** |  |  | **Company:** |  |
| **Position Held:** |  |  | **Position Held:** |  |
| **Remarks:** |  |  | **Remarks:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHARACTER REFEREE 3** | |  | **YEAR** | **NO. OF TRAINING HOURS (PROVIDED)** | **NO. OF SUPERVISION HOURS (PROVIDED)** |
| **Name:** |  |  |  |  |  |
| **SAC Member ID:** |  |  |  |  |  |
| **Email:** |  |  |  |  |  |
| **Company:** |  |  |  |  |  |
| **Position Held:** |  |  |  |  |  |
| **Remarks:** |  |  |  |  |  |

|  |
| --- |
| **DECLARATION** |

I declare that as at the date of this application;

* I have been a Clinical Member for **more than five (5) years**

**Note:** As the “Clinical Member” membership category was only introduced in March 2015 (Article 4.3 of the SAC Constitution), previous membership as “Registered Members” or “Ordinary Member” categories under the old Constitution will also count towards the required period.

* I hold the registration on the SAC Register of Counsellors for a **minimum of four (4) years**
* I have conducted **one hundred (100) hours of training / supervision in counselling.** 🡨 Please provide documentation.

|  |  |
| --- | --- |
| Signature of applicant | |
| **Date:** |  |

|  |
| --- |
| **ARTICLE 4.3 OF THE SAC CONSTITUTION** |

* 1. **MASTER CLINICAL MEMBERS**
     1. The Master Clinical membership is granted through application to and approval by the Executive Committee.
     2. Application for Master Clinical membership is to be made on the prescribed form and formally supported by at least three (3) Fellow, Master Clinical or Clinical members.
     3. Application for Master Clinical membership is to be accompanied by documentary proof of training and supervision hours conducted by applicant.
     4. A Master Clinical member should have fulfilled all the following requirements:

1. Be a member in good standing
2. Holds the Clinical Membership for a **minimum of five (5) years**
3. Holds the registration on the SAC Register of Counsellors for a **minimum of four (4) years**
4. Has **conducted 100 hours of training / supervision in counselling**
   * 1. Master Clinical members shall be entitled to use the post nominal letters: MMSAC

|  |
| --- |
| **PAYMENT MODE** |

* I attach my cheque of $50.00 made payable to “**Singapore Association for Counselling**”

Attention: Singapore Association for Counselling

c/o Work Central Offices Pte Ltd

190 Clemenceau Avenue

#06-01 Singapore Shopping Centre

Singapore 239924

* I have made an internet bank transfer of $50.00 to:

**DBS Autosave Account 010-013101-4**

**For us to easily trace your transaction, please indicate your Name followed by MemApplFee in the “Remarks” column when making the bank transfer. Example:** John Doe – MemApplFee

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Transaction Reference No.:** |  |
| **Date of transfer:** |  |

|  |  |  |
| --- | --- | --- |
| **For Official Use** | | |
| **Received by:** |  |
| **Date received:** |  |
| **Date reviewed by Register Board:** |  |
| **Tabled for EXCO approval:** |  |
| **Date of official approval:** |  |
| **Approval status:** | Approved / Not Approved |
| **Invoice No.:** |  |