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ROS Registration Number: 1751-11-PPG

Membership Form for The Association of Creative Arts Therapy

Membership Categories

The Centre of Creative Arts Therapy offers two membership categories, **Ordinary** and **Associate** membership in The Association of Creative Arts Therapy to reflect the expanding interest of the arts therapies in Penang and in Malaysia. Each membership category offers a range of benefits and services to support the needs of its members. Each voting and non-voting category of membership is further differentiated into three different sub-categories reflecting the qualifications and professional status of its members.

Membership subscription fees are set at a nominal rate of RM 10 a year and are reviewed annually at the AGM. Only voting members are eligible to vote and to elect the committee at the Annual General Meeting.

Ordinary Full Membership (Voting members)

1. The **Practitioner Member** category is for individuals who reside and/or work in the State of Penang and is available to those who have completed a Post Graduate qualification in CCAT approved creative arts therapy related courses. (e.g. Post-graduate Certificate/Diploma/Masters in Art Therapy, Dramatherapy, Music Therapy, Play Therapy, Dance/Movement Therapy etc). Practitioner membership may be granted via Grandparent Clause for a person with extensive professional experience subject to the approval of the Executive Committee. Practitioner Members can display CCAT's logo and advertise their membership status with the post-nominal *Pract Memb ACAT*, (Practitioner Member of The Association of Creative Arts Therapy).
2. The **Affiliate Member** category is for individuals who reside and/or work in the State of Penang and is available to those who have completed a minimum Bachelors Degree or professional diploma qualification relating to the Drama, Dance or Fine Arts, Caring/Helping/Community discipline or in Education (e.g. Fine Arts, Teaching, Social Work, Psychology, Nursing, Medicine, Occupational Therapy, Counselling etc) Individuals would have some experience of working with children, adults and/or families using the creative arts medium. Affiliate members can use the post-nominal *Affiliated Memb ACAT*, (Affiliate member of The Association of Creative Arts Therapy).
3. The **Ancillary Member** category is for individuals who reside, study or work in the State of Penang and is available to any individuals above the age of 18 who may not have the academic or professional requirements or requisites for the above categories of membership but have an interest to support and promote the activities and objectives of CCAT. This membership category is also available to University or University-college students/trainees who are pursuing related studies in the Arts, Health, Psychology and Education with prior approval of their vice-chancellor concerned.

Associate Membership (Non-Voting members)

1. The **Associate Practitioner Member** category is for individuals who reside or work outside the State of Penang. who have completed a Post Graduate qualification in CCAT approved creative arts therapy related courses. (e.g. Post-graduate Certificate/Diploma/Masters in Art Therapy, Dramatherapy, Music Therapy, Play Therapy, Dance/Movement Therapy etc). Practitioner Members can display CCAT's logo and advertise their membership status with the post-nominal *Assoc Memb ACAT*, (Associate Member of ACAT).
2. The **Associate Affiliate Member** category is for individuals who reside or work outside the State of Penang and have completed a minimum Bachelors Degree or professional diploma qualification relating to the Drama, Dance or Fine Arts, Caring/Helping/Community discipline or in Education (e.g. Fine Arts, Teaching, Social Work, Psychology, Nursing, Medicine, Occupational Therapy, Counselling etc). Individuals would have some experience of working with children, adults and/or families using the creative arts medium.
3. The **Associate Ancillary Member** category is for individuals who reside, study or work outside the State of Penang and is available to any individuals above the age of 18 who may not have the academic or professional requirements or requisites for the above categories of membership but have an interest to support and promote the activities and objectives of CCAT. This membership category is also available to University or University-college students/trainees who are pursuing related studies in the Arts, Health, Psychology and Education with prior approval of their vice-chancellor concerned.

All application for membership shall be proposed and seconded by two existing members and shall be forwarded to secretary to submit to the Executive Committee for approval.

Membership Form for The Association of Creative Arts Therapy (ACAT)

Section A		Personal Information and Contact Details	
First Name		Last Name (Surname)	
IC Number			
Gender		Age	
Address 1			
Address 2			
State		Post Code	
Telephone		Handphone	
Email			
<i>Person to contact in case of emergency:</i>			
Name		Relationship	
Telephone		Handphone	
<i>Category of membership applied (please tick)</i>			
Ordinary Membership	*Practitioner Member <input type="checkbox"/>	*Affiliate Member <input checked="" type="checkbox"/>	Ancillary Member <input type="checkbox"/>
Associate Membership	*Practitioner Member <input type="checkbox"/>	*Affiliate Member <input checked="" type="checkbox"/>	Ancillary Member <input type="checkbox"/>

* Application for membership in these categories must complete Section B

Section B		Educational Background and Qualifications (include current or ongoing related CAT programme of study/training you are engaged in)	
<i>Start with the highest qualification.</i>			
Level of Education Certificate/ Diploma/Degree & the subject	Institution Attended School/College/University)	From Month & year	To Month & Year

CPD Modules, Short Courses, Training Workshops, Seminars etc			
Type of Training	Training Providers	Duration	Month & Year

Section C	Declaration
	<p>I declare that the personal information I have provided is true and correct to the best of my knowledge. I further understand that my membership would be terminated if I have knowingly made any false entries or willful omission in the completion of this form. I give consent for CCAT to store and process the information I have provided in my membership application for ACAT.</p> <p>I agree as a member of ACAT to abide by their Ethical Code of Practice and adhere to the Practice Guidelines. I confirm that I have read the CCAT Standards of Ethical Practice for CAT Therapists Practitioners (available at www.creativeartstherapy.org.my or the CCAT office) and am thoroughly familiar with my responsibilities as a CAT Therapist Practitioner.</p> <p>I also hereby declare that I have not at any time, whether in Malaysia or abroad, been found guilty and sentenced by a court for a criminal offence. I agree to inform CCAT if I am convicted of an offence after I</p>

have taken up membership of the ACAT. I understand failure to do so may lead to the immediate suspension of my membership and termination of work with children and/or vulnerable adults on behalf of *CCAT.

*Please complete a separate form **Application to register as a CCAT Practitioner** if you would like to register as an active working practitioner for CCAT.

Signed			
Print Name		Dated	
First Seconding CCAT Member		Initials	
Second Seconding CCAT Member		Initials	

Section D	For Office Use Only		
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>			
Membership of RM 10 received <input type="checkbox"/>	Declaration signed/dated <input type="checkbox"/>	Seconding CCAT Mem checked <input type="checkbox"/>	
*Student, VC approval ltr rec'd <input type="checkbox"/>	Decision communicated <input type="checkbox"/>	Date:	
Membership Category:		Membership No:	