



FORM 8 - ENROLMENT FORM

This enrolment form has 3 parts. Parts 1 and 2 are completed at initial enrolment and Part 3 at the commencement of each semester.

Part 1 contains information required as part of ATAA's reporting requirements as a Registered Training Organisation. Information provided is protected under our Privacy Policy and will only be released as required by legislation or with your written consent.

Part 2 forms your training contract with ATAA leading to the award of the Advanced Diploma of Transactional Analysis and accreditation as a Certified Transactional Analyst.

Part 3 contains the actual modules or units you are enrolled in for the following semester.

FORM 8 PART 1 – Background Information

Personal Details

1) Enter your full name

Family name (Surname) _____

Given names _____

2) Enter your birth date

Day/Month/Year _____/_____/_____

3) Sex (Tick one box only)

Male Female

4) What is the address of your usual residence?

Suburb, locality or town _____ Postcode _____

5) What is your postal address?

Building/Property name _____

Flat/Unit number/ Street number _____

Street name _____

PO Box or Roadside Delivery Box _____

Suburb, locality or town _____

State/Territory _____ Postcode _____

Email address _____

Language and Cultural Diversity

6) In which country were you born?

Australia

Other – please specify _____

7) Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only

Yes, other – please specify _____

8) How well do you speak English?

Very well Well

Not well Not at all

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9) Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

- No [] []
Yes, Aboriginal [] []
Yes, Torres Strait Islander [] []

Disability

10) Do you consider yourself to have a disability, impairment or long-term condition:

- Yes [] []
No [] [] If no - go to question 12

11) If yes, please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area)

- Hearing/deaf [] [] Physical [] []
Intellectual [] [] Learning [] []
Mental illness [] [] Acquired brain impairment [] []
Vision [] [] Medical condition [] []
Other [] []

Schooling

12) What is your highest COMPLETED school level? (Tick ONE box only)

- Year 12 or equivalent [] []
Year 11 or equivalent [] []
Year 10 or equivalent [] []
Year 9 or equivalent [] []
Year 8 or below [] []
Never attended school [] [] Never attended school - go to question 14

13) In which year did you complete that school level?

14) Are you still attending secondary school?

- Yes [] []
No [] []

Previous Qualifications Achieved

15) Have you SUCCESSFULLY completed any of the following qualifications?

- Yes [] []
No [] [] If No - Go to question 17

16) If YES, then ANY applicable boxes

- Bachelor Degree or Higher Degree [] []
Advanced Diploma or Assoc Degree [] []
Diploma (or Associated Diploma) [] []
Certificate IV (or Advanced Cert) [] []
Certificate III (or Trade Cert) [] []
Certificate II [] []
Certificate I [] []
Certificates other than above [] []

Employment

17) Of the following, which BEST describes your current employment status

(Tick ONE box only)

- Full-time employee [] []
Part-time employee [] []
Self-employed - not employing others [] []
Employer [] []
Employed - unpaid worker in family business [] []
Unemployed - seeking full-time work [] []
Unemployed - seeking part-time work [] []
Not employed - not seeking work [] []

TRAINER: Please forward Part 1 to the Accreditation Officer

Table with 2 columns: Field Name and Value. Fields include POLICY NUMBER, VERSION NUMBER, DATE REVIEWED, DATE ENDORSED, and AQTF REFERENCE.



PART 2a – ATAA Training Contract

Name of Student: _____

1. I have read and understand the ATAA requirements for Certificate 1V, Diploma and CTA certification.
2. I have reviewed and will follow the Code of Ethics and Professional Standards of ATAA.
3. I have not been convicted of any criminal offence that might result in prejudice to the interests of ATAA, as determined in good faith by the Training Standards Committee after diligent examination of the relevant facts and circumstances. I know of no outstanding ethics complaints against me, nor have I ever been found guilty of any professional misconduct. I am aware that if I am found guilty of any gross unethical conduct and suspended from ATAA, the TACC member organisations and their appropriate bodies will be advised.
4. _____, who is a TSTA or PTSTA of ATAA and who has a current contract with ATAA, has agreed to be my primary supervisor. I will notify ATAA of any changes in my primary supervisor.
5. I agree to continuous supervision from a TSTA or PTSTA when I am working with clients.
6. I will keep records of my training, supervision and personal therapy and will have these records confirmed by my supervisor (or study group leader in remote areas).
7. When I have completed the assessment prerequisites required, I will notify ATAA of my intention to present for any further assessment or of my intention to withdraw from training. If my intention is to become a CTA I will take out a CTA contract at least 18 months before the CTA assessment date. I will make notification of my intention to be assessed at least three months before a scheduled assessment date together with a submission of my assessment fees. I understand that this notification of intention to take my oral assessment cannot be submitted before the written assessment has been marked by an external marker and has been assessed at a pass standard.
8. Should I plan to be examined and certified as a Transactional Analyst it will be with the following speciality (tick one):

___ Counselling ___ Educational ___ Organisational ___ Psychotherapy

Signed: _____ (Trainee)

Date:

Signed: _____ (Trainer)

Date:

Commencement date: _____

PLEASE SEND TO: Training Coordinator

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FORM 8 PART 2b – ATAA Membership Application

Name: _____

I wish to apply for membership of ATAA as per ATAA Membership Categories described in ATAA Membership Policy.

Payment Levied from:	Jan-Dec (full year)	Pro-rata- applicable for new members only		
		Mar-Dec	Jul-Dec	Oct-Dec
New Trainee: Membership	\$165.00	\$125.00	\$85.00	\$40.00
Contract	\$20.00	\$20.00	\$20.00	\$20.00
Total New Trainee	\$185.00	\$145.00	\$105.00	\$60.00

Nominator (new members only):

My Payment of \$_____ is enclosed, for membership from _____ to 31 December 20____.

METHOD OF PAYMENT

Cheque/Bank Cheque/Money Order Payable to ATAA

Credit Card (please complete)

Please Debit my Credit Card for \$_____

Type of Card Bankcard MasterCard Visa Other _____

Card Number _____ Expiry ____/____ CCV Number _____
(Last 3 digits on back of card)

Name on Card _____

Email Address: _____

NOTE: Receipts will sent by email, so email address required

Address: _____

Phone: _____

Signature: _____ Date _____

SEND THIS FORM TO: The Treasurer, ATAA, 32 Allenby Park Parade, Allambie Heights, NSW 2100

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Part 3 Semester Enrolment

Part 3 needs to be completed at the commencement of each semester.

Name of Student: _____

Name of Trainer: _____

Date Contract commenced: _____

Course of Study this semester

- Cert IV in TA Theory
Diploma of TA
Advanced Diploma of TA
Vocational Graduate Diploma of TA

This semester: Begins on / / Ends on / /

Units/modules enrolled in this semester - Tick the boxes of units/training

Cert IV core units

- Work within a Transactional Analysis framework
Apply Structural Analysis to diagnosis
Apply Transactional Analysis Proper to relationship improvement
Integrate Game Analysis theory into treatment
Integrate Racket Analysis theory into treatment
Integrate Script Analysis into treatment
Integrate Treatment Considerations into treatment
Work with Transference and Counter-transference within the treatment plan
Integrate Personality Adaptation theory into treatment
Integrate understanding of Developmental Stages into treatment
Integrate Self Reparenting Theory into treatment
Integrate understanding of Abnormal Psychology into treatment
Integrate Redecision Therapy into treatment

Elective units (not required for Cert IV)

- Integrate Relationship Therapy into treatment
Integrate Parenting Skills into treatment
Apply understanding of Transactional Analysis and Spirituality to treatment

Professional Training for Diploma of TA

500 hours professional training -of which 360 hours must be in TA. (Elective units may contribute to this requirement)

300 hours of client contact in chosen field (counselling, education, organisation or psychotherapy)

75 hours of supervision, 50 hours of which must be with a Transactional Analysis supervisor

Professional Training for Advanced Diploma of TA

600 hours of professional training - of which 500 must be in TA

750 hours of client contact (450 hours in addition to the Diploma requirement). (500 hours of client contact must be in Transactional Analysis)

150 hours of supervision, of which 75 hours must be by a PTSTA or TSTA (40 of which must be with the Principal Supervisor)

500 additional professional development hours

TRAINER: Please forward Part 3 to the Accreditation Officer

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