CBTASA
Cognitive Behaviour Therapy Association of South Africa
2010/009/530/07

# Membership Application Form | Practice Information

First Names *

Surname *

Consulting Address *

Title *
☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other

City, Province

Contact Number

Alternative Number (Landline)

Email Address

Website

Languages

Occupation

HPCSA / SACSSP / SACAP reg. no. *

PR No.

Online Therapy
☐ Yes ☐ No

Preferred Age Groups

Modality
☐ Individuals ☐ Couples ☐ Groups

Special Interests - Disorders

## Do you provide training?

Private Workshops (Please provide details)

Academic Institutions (Please provide details)

## CBTASA Membership

Membership can be applied for from one or more CBT models (vetting criteria on the CBTASA Therapists page).

**Please provide the following information on your CBT background. Membership categories will be allocated accordingly.**

### CBT Training and Experience (Models i.e. REBT, Cognitive Therapy/CBT, DBT, ACT, UP, ST, etc.)

Model 1

Training Received

Years applied in practice

International Accreditation Obtained

☐ Yes ☐ No

Model 2

Training Received

Years applied in practice

International Accreditation Obtained

☐ Yes ☐ No

Model 3

Training Received

Years applied in practice

International Accreditation Obtained

☐ Yes ☐ No

Please add additional models on separate page.

**Application fee of R450,00 (please use your name as reference).**
**Application fees for students with a valid student card are waived.**

## Banking Details

CBTASA (Pty) Ltd
First National Bank - Current Account
Account Number: 62829681031
Branch: Knysna 210214

Please send the following documents to info@cbtasa.co.za

1. Application form
2. Copies of training
3. Accreditation certificate
4. Professional Registration
5. Proof of Payment

## Protection of Personal Information Act (POPIA) Organisation: CBTASA

Your professional/practice information is stored and secured in the centralised database of the Organisation and Silver Fox (webmaster) as a service provider.

We will always ensure that your information remains secure and that it is dealt with in line with the new POPI legislation.

Authorised Actions by the Organisation:

1. To collect and have access to your professional/practice information;
2. To collect and process this professional/practice information for the purpose of rendering services to you as a member i.e. registration on the CBTASA referral network;
3. To use your professional/practice information to communicate with you;
4. To use your professional/practice information to render certain administrative services.

We hereby encourage you to perform an update of your professional/practice information on a regular basis.

Acceptance:
Should you not advise us that you disagree with any of the authorised actions in writing, it will be accepted that you have provided your consent to such authorised actions and to the processing and/or use of your professional/practice information as explained above.

Regards,
CBTASA

This agreement and confirmation of information above is signed by:

Signature _____

Place _____

Date 13/11/2026

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