CCPA Student Representative Agreement

Please note that this form must accompany a membership application or renewal in order for your membership to be processed.

I *Your Name* submit my candidacy for the position of Student Representative for the Canadian Counselling and Psychotherapy Association (CCPA) at *Name of your Institution*

In signing this form, I acknowledge that I have have read and agree to fulfill the position's responsibilities and receive its associated benefits, as outlined in the Student Representative Guide. As part of my role, I will aim to increase the presence of CCPA at my institution, as well as act as a liaison between the Association and the Program.

Student Representative Responsibilities:

- Work alongside the province's Regional Director.
- Participate in Annual Student Rep conference calls with CCPA Head Office. Dates will be determined according to the availability of the representatives.
- Hold a CCPA Information Session near the beginning of the semester.
- Submit the one-page CCPA Student Representative Activity Report once per year, near the end of the second semester, prior to the conference call.
- Participate in the publication of the Student Newsletter
- Communicate relevant updates from CCPA to counselling students
- Outgoing representatives promote the position in their institution and, upon finding a replacement, contact the Membership Coordinator at CCPA head office (adminasst@ccpa-accp.ca).
- Agree to have your name, email address and end term date posted on the CCPA Student Rep website page

Student Rep Signature _____ CCPA Signature _____

Date _____ Date _____

Please complete the form and return to:

Canadian Counselling and Psychotherapy Association
202 - 245 Menten Place
Ottawa, ON, K2H 9E8

Telephone: (613) 237-1099
Toll-Free: 1-877-765-5565
Fax: (613) 237-9786
Website: www.ccpa-accp.ca
EMAIL: adminasst@ccpa-accp.ca