

BCATA MEMBERSHIP DIRECTORY 2009/2010

Note: *The information on this form will be made available to the public via the BCATA website*

Name: _____ Membership #: _____

Degree / Accreditations (eg. M.S.W): _____

Registered Affiliations (eg. R.C.C.): _____

Business or Studio name: _____

Business Address: _____

City: _____ Prov. _____ Postal Code _____

Phone: _____

E-mail: _____ Website: _____

Are you in private practice? Y N Taking referrals? Y N

Languages Spoken: _____

Region (check one):

Lower Mainland Vancouver Island Interior Northern BC Other _____

Populations you work with (check all that apply):

Children Adolescents Adults Elderly Families Couples

Focus of practice – MAXIMUM EIGHT PLEASE (inclusive but not exclusive)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Depression	<input type="checkbox"/> Mediation	<input type="checkbox"/> Self-esteem
<input type="checkbox"/> Addictions	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Adoption	<input type="checkbox"/> FAS/FAE	<input type="checkbox"/> Parenting	<input type="checkbox"/> Special needs
<input type="checkbox"/> Anger management	<input type="checkbox"/> Family Violence	<input type="checkbox"/> Pre/Post-natal	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Anxiety	<input type="checkbox"/> First Nations	<input type="checkbox"/> ProD	<input type="checkbox"/> Suicide
<input type="checkbox"/> Attachment	<input type="checkbox"/> Fostercare	<input type="checkbox"/> PTSD	<input type="checkbox"/> Supervision
<input type="checkbox"/> Brain injury	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Relationship	<input type="checkbox"/> Trauma
<input type="checkbox"/> Creativity	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Separation/Divorce	<input type="checkbox"/>
<input type="checkbox"/> Crisis intervention	<input type="checkbox"/> Immigrant & Refugees	<input type="checkbox"/> Sexuality	<input type="checkbox"/>
<input type="checkbox"/> Dementia/Alzheimers	<input type="checkbox"/> Lesbian/Gay/Trans	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/>

Please sign this form indicating that you authorize the BCATA to publish your information as stated here in the searchable membership directory on the website!

Signature: _____

Date: _____

Please check here if you choose not to be in the web directory at this time