



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

### CCPA Student Representative Application

Name: _____	CCPA Member ID (if renewing): _____
Street Address: _____	Renewal Month: _____
City, Province: _____	
Postal Code: _____	University: _____
Phone number: (     )     -     x. _____	Program: _____
E-Mail: _____	Expected graduation (mm/yy): _____

Membership in other Counselling-related Associations: \_\_\_\_\_  
\_\_\_\_\_

What skills or experience do you possess that would be relevant to the position?

Why do you wish to become a CCPA Student Representative?

**Please send one copy to your Provincial Director (see website) and one to CCPA Head Office (see below)**

*\*If available, please include an academic CV or other supporting documents to your application*

Canadian Counselling and Psychotherapy Association

c/o Student Rep Program

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K2E 7K3

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Web Site: [www.ccpa-accp.ca](http://www.ccpa-accp.ca)