MYANMAR PROFESSIONAL COUNSELLOR PATHWAY

MEMBERSHIP APPLICATION FORM

1. PERSONAL INFORMATION

- **Full Name: _____**
- **Date of Birth (DD/MM/YYYY): _____ / _____ / _____**
- **Email Address: _____**
- **Phone Number: _____**
- **Current Address/Location (Myanmar): _____**

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2. MEMBERSHIP CATEGORY SELECTION

Please select the membership category you are applying for:

- [ ] **Practising Member Pathway** *(For active, practising counsellors seeking competency-based progression, supervision, and public directory listing)*
- [ ] **Affiliate Member** *(For non-practising individuals, educators, researchers, advocates, or related professionals who wish to support the development of counselling in Myanmar)*

Myanmar Professional Counsellor

3. PROFESSIONAL & BACKGROUND DETAILS

- **Current Occupation / Job Title: _____**
- **Organization / Institution: _____**

If applying for Affiliate Membership, please select your primary background/role:

- [ ] Counselling Educator / Lecturer / Trainer / Facilitator
- [ ] Mental Health Researcher
- [ ] Mental Health Advocate
- [ ] Psychologist
- [ ] Psychiatrist
- [ ] Retired Counsellor / Temporarily Taking a Break from Practice
- [ ] Professional from a Related Discipline (Specify): _____
- [ ] Individual / Family Member with Lived Experience supporting the profession

4. INTERESTS & CONTRIBUTION

How would you like to engage with or contribute to the Pathway? (Select all that apply)

- [ ] Ongoing Professional Development (OPD), Webinars & Workshops
- [ ] Book Club & Reflective Learning Activities
- [ ] Peer Learning, Discussion Forums & Networking Meetings
- [ ] Research, Public Education & Advocacy
- [ ] Mentoring (Practising Members)

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5. DECLARATION & ACKNOWLEDGMENT

Please review and initial/check the following statements:

- [ ] I agree to uphold safe, ethical, and professional standards in line with the Myanmar Professional Counsellor Pathway.
- [ ] **For Affiliate Members Only:** I understand that Affiliate Membership is **not** a counselling qualification, does not recognise me as a practising counsellor, and does not permit me to advertise as a Myanmar Professional Counsellor or accumulate clinical hours under this membership tier.

Applicant Signature: _____ Date: ____ / ____ / ____