



## APPLICATION 2017-2018 MEMBERSHIP

PERSONAL INFORMATION			
Full Name:			
Complete Address:			
	Number, Street, Apartment #	City/Town	Postal Code
Email Address:		Date of Birth: (dd/mm/yy)	
Telephone:			
	Home	Office	Cell
Place of Employment:			
Address:			
	Number, Street, Apartment #	City/Town	Postal Code
College/University Attended/Attending: (include campus if applicable)			
Name of Program:			
Grad Month/Year:		Qualification (Diploma or Degree Type):	

### MEMBERSHIP

	Membership Type	Definition	Supporting Documents Required	Membership Fees
<input type="checkbox"/>	Full Professional Certified	You hold a CCW/CYW Diploma or CYC Degree or have completed the CYCCB Certification	<ul style="list-style-type: none"> <li>Photocopy of your transcript clearly stating that your diploma/degree was granted <b>OR</b></li> <li>Photocopy of your diploma/degree/cert</li> </ul>	\$95.00 + HST \$12.35  = \$107.35
<input type="checkbox"/>	Full Professional	You hold a related diploma or degree and have at least 4000 hours employment as a CYCP <b>OR</b> You have a minimum of 500 hours (1 full year, full-time) of theory through post-secondary schools, workshops, in service, etc. and 6000 hours employment as a CYCP	Above plus, <ul style="list-style-type: none"> <li>A short letter from your employer(s), on letterhead stating the dates of your employment and total hours worked, age and type of clients and your role/position</li> </ul>	\$95.00 + HST \$12.35  = \$107.35
<input type="checkbox"/>	New Grad Full Prof. Certified	You hold a CCW/CYW/CYC Diploma or CYC Degree just granted in this calendar year	<ul style="list-style-type: none"> <li>Photocopy of your transcript clearly stating that your diploma/degree was granted <b>OR</b></li> <li>Photocopy of your diploma/degree</li> </ul>	\$50.00 + HST \$6.50  = \$56.50
<input type="checkbox"/>	Student	You are currently enrolled part- or full-time in a CYC program	<ul style="list-style-type: none"> <li>Copy of student card</li> </ul>	\$40.00 + HST \$5.20 = \$45.20
<input type="checkbox"/>	Organizational	For agencies, school boards, companies, etc. to support the OACYC	<ul style="list-style-type: none"> <li>Letter of support for legislation</li> </ul>	\$200.00 + HST \$26.00 = \$226.00 <b>OR</b> Reciprocal



---

## CODE OF ETHICS - PRINCIPLES AND STANDARDS

The information here is adapted from <http://www.pitt.edu/~mattgly/CYCEthics.html>  
They hold all copyrights and should be credited for all content.

### I. RESPONSIBILITY FOR SELF:

- A. Maintains competency.
  - 1. Takes responsibility for identifying, developing, and fully utilizing knowledge and abilities for professional practice.
  - 2. Obtains training, education, supervision, experience and/or counsel to assure competent service.
- B. Maintains high standards of professional conduct.
- C. Maintains physical and emotional well-being.
  - 1. Aware of own values and their implication for practice.
  - 2. Aware of self as a growing and strengthening professional.

### II. RESPONSIBILITY TO THE CLIENT <sup>2</sup>

- A. Above all, shall not harm the child, youth or family.
  - 1. Does not participate in practices that are disrespectful, degrading, dangerous, exploitive intimidating, psychologically damaging, or physically harmful to clients.
- B. Provides expertise and protection.
  - 1. Recognizes, respects, and advocates for the rights of the child, youth and family.
- C. Recognizes that professional responsibility is to the client and advocates for the client's best interest
- D. Ensures that services are sensitive to and non-discriminatory of clients regardless of race, color, ethnicity, national origin, national ancestry, age, gender, sexual orientation, marital status, religion, abilities, mental or physical handicap, medical condition, political belief, political affiliation, socioeconomic status.
  - 1. Obtains training, education, supervision, experience, and/or counsel to assure competent service.
- E. Recognizes and respects the expectations and life patterns of clients.
  - 1. Designs individualized programs of child, youth and family care to determine and help meet the psychological, physical, social, cultural and spiritual needs of the clients.
  - 2. Designs programs of child, youth, & family care which address the child's developmental status, understanding, capacity, & age.
- F. Recognizes that there are differences in the needs of children, youth and families.
  - 1. Meets each client's needs on an individual basis.
  - 2. Considers the implications of acceptance for the child, other children, and the family when gratuities or benefits are offered from a child, youth or family.
- G. Recognizes that competent service often requires collaboration. Such service is a cooperative effort drawing upon the expertise of many.
  - 1. Administers medication prescribed by the lawful prescribing practitioner in accordance with the prescribed directions and only for medical purposes. Seeks consultation when necessary.
  - 2. Refers the client to other professionals and/or seeks assistance to ensure appropriate services.
  - 3. Observes, assesses, and evaluates services/treatments prescribed or designed by other professionals.
- H. Recognizes the client's membership within a family and community, and facilitates the participation of significant others in service to the client.
- I. Fosters client self determination.
- J. Respects the privacy of clients and holds in confidence information obtained in the course of professional service.
- K. Ensures that the boundaries between professional and personal relationships with clients is explicitly understood and respected, and that the practitioner's behavior is appropriate to this difference.
  - 1. Sexual intimacy with a client, or the family member of a client, is unethical.

### III. RESPONSIBILITY TO THE EMPLOYER/EMPLOYING ORGANIZATION:

- A. Treats colleagues with respect, courtesy, fairness, and good faith.
- B. Relates to the clients of colleagues with professional consideration.
- C. Respects the commitments made to the employer/employing organization.

### IV. RESPONSIBILITY TO THE PROFESSION:

- A. Recognizes that in situations of professional practice the standards in this code shall guide the resolution of ethical conflicts.
- B. Promotes ethical conduct by members of the profession.
  - 1. Seeks arbitration or mediation when conflicts with colleagues require consultation and if an informal resolution seems appropriate.
  - 2. Reports ethical violations to appropriate persons and/or bodies when an informal resolution is not appropriate.
- C. Encourages collaborative participation by professionals, client, family and community to share responsibility for client outcomes.
- D. Ensures that research is designed, conducted, and reported in accordance with high quality Child and Youth Care practice, and recognized standards of scholarship, and research ethics.
- E. Ensures that education and training programs are competently designed and delivered.
  - 1. Programs meet the requirements/claims set forth by the program.
  - 2. Experiences provided are properly supervised.
- F. Ensures that administrators and supervisors lead programs in high quality and ethical practice in relation to clients, staff, governing bodies, and the community.
  - 1. Provides support for professional growth.
  - 2. Evaluates staff on the basis of performance on established requirements.



**V. RESPONSIBILITY TO SOCIETY:**

- A. Contributes to the profession in making services available to the public.
- B. Promotes understanding and facilitates acceptance of diversity in society.
- C. Demonstrates the standards of this Code with students and volunteers.
- D. Encourages informed participation by the public in shaping social policies and institutions.

<sup>2</sup> Client is defined as the child, family, and former clients.

**PRIVACY POLICY**

1. Disclosure of membership Status: As publicly accountable professionals who have signed our Code of Ethics, the status of Full Professional Members or Full Professional Certified members is made available to anyone requesting such information.
2. Postal Addresses "Mailing Lists": Members/Supporters full postal address is provided from time to time to:
  - Committees of the OACYC for the purposes of contacting members in the area
  - Companies, agencies, organizations and the like for use in direct mailing promotions. Such mailing lists are provided only to groups approved by the OACYC and only upon the completion of a written contract agreeing to its use for a single stated purpose and it not being disclosed to any other party/parties.
3. College/University & Graduation Date: These are used in the newsletter in relation to items about the particular member/members. Beyond this, they are only used to provide the members' names to the college/university in planning alumni events and other related purposes.
4. Years of Membership: This is also used in the newsletter in relation to articles about the particular member/members, and in lists of members reaching particular milestones (e.g. awards, certificates).
5. Changes in the Above Conditions: Where situations arising in the future demand it, new conditions may be added to those above, or revision made to them. Members will be notified prior to their implementation, and consent requested.

**Accessibility Policy:** The OACYC is committed to providing its goods and services in a way that respects the dignity and independence of persons with disabilities. The OACYC is also committed to giving persons with disabilities the same opportunity to access our goods and services and to benefit from those services, in the same place and in a similar way as other members. The OACYC will make every effort to provide accommodations (while remaining fiscally responsible), and when provided with sufficient time to address such requests.

**ACKNOWLEDGEMENT**

I have read the above code of ethics and understand that my membership in the OACYC is dependent on my adherence to this Code of Ethics and I consent to the use of my personal information as outlined in the above privacy policy.

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration including identify or in connection with this application is cause for revocation of my membership with the OACYC.

I agree to notify the OACYC in writing within 30 days of any changes to any information contained on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If paying by VISA or MasterCard, please fill in the information below.**

MasterCard/VISA# \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_(mm/yr)  
Security Code

\_\_\_\_\_  
Cardholder Name (PRINT) Cardholder Signature

**If paying by E-Transfer please send payment to office@oacyc.org and include your full name and membership type in the comments.**

\_\_\_\_\_  
E-Transfer sent date E-Transfer Password

Please fax, email or mail your application and documentation. Please make cheques payable to OACYC and mail with application and documentation required.