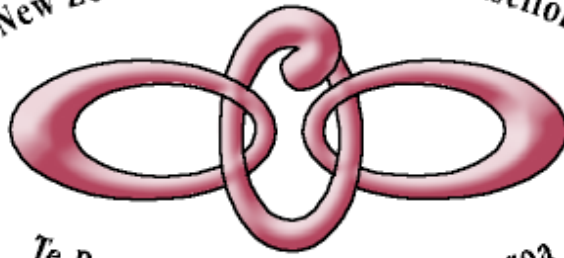


New Zealand Association of Counsellors



Te Roopu Kaiwhiriwhiri o Aotearoa

New Zealand Association of Counsellors
Provisional Member Request 2010
Overseas Counselling Qualifications

A. PROVISIONAL MEMBER

The following shall be eligible for Provisional Member status:

A person of good character who has:

- a. Completed equivalent to an Aotearoa New Zealand professional counselling training programme to a minimum of NZQA Level 6.
- b. Completed a minimum of 200 hours of face-to-face counselling practice. Up to 10% of these hours can be in leadership of therapeutic groups as outlined in the Introduction of the NZAC Code of Ethics. (Telephone, online counselling, therapeutic letters and practice labs hours cannot be counted towards the totals.)
- c. Submitted a recent satisfactory report from a Supervisor who is a current, full Member of a counselling related professional body. For example: BACP. The supervisor must have been a Member of that professional body for at least three years and has been the candidate's supervisor for at least 12 months. A minimum of 20 hours of supervision is required.
- d. Agreed to work within the NZAC Code of Ethics and to be accountable to the Association while working towards Member status.

Notes:

1. If you have not had full membership of a Counselling Professional Body within the last 5 years please contact the Membership Manager to discuss your options.
membership@nzac.org.nz

2. Provisional Member status may be held without review for 5 years beginning when provisional status has been confirmed. If holders of Provisional Member status have not upgraded to full Member status at the end of the 5 year period their Provisional Member status will cease.

Assessment deadline dates and costs:

Close off dates for all written applications in 2010

Applications after the dates below will not be considered

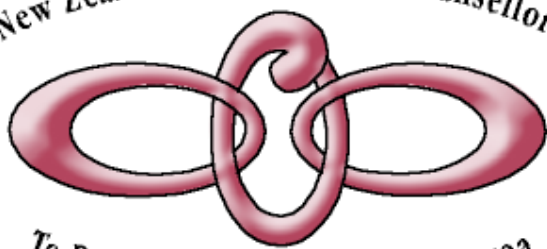
Friday: 29th January
Monday: 24th May
Monday: 13th September
Friday: 10th December

Assessment Costs: \$75
Assessment Time Frame: Approximately 2 months

- The Police Vetting form takes approximately 28 working days to be processed and returned to National Office. All decisions made are subject to a satisfactory Police report.
- Your application is assessed by the Assessment Committee.
- If your application is successful, the Assessment Committee then sends your name to be ratified by the National Executive at the next meeting.

Full details about membership criteria are on our website: www.nzac.org.nz

For assistance please email
membership@nzac.org.nz



Date received

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**OVERSEAS COUNSELLING QUALIFICATIONS
PROVISIONAL MEMBER REQUEST
Pack valid until 10TH December 2010**

FIRST NAMES:	
FAMILY NAME:	
NAME YOU WISH TO BE KNOWN AS: (this will be on all documentation you receive)	
POSTAL ADDRESS	
POST CODE:	
HOME PH:	
MOBILE:	
CONTACT EMAIL:	

Date of Birth	
Nationality	

MAIN EMPLOYER:	
WORK ADDRESS	
WORK PHONE	

SECONDARY EMPLOYER: (If applicable)	
WORK ADDRESS	
WORK PHONE	

Current professional approvals held (eg. ACC, WINZ etc):

Membership to other counselling professional bodies (eg. ANZASW, NZAP etc):

List what you see as your clinical specialities (eg. school counsellor, mental health, sexual abuse etc):

Languages:

If you are able to provide counselling in a language other than English, please name the language including NZSL, Te Reo:

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Counselling Training:

Training Provider	
Level of training completed	
Field of training (counselling, psychotherapy, etc)	

External Supervision:

Name of Supervisor	
---------------------------	--

Name 2 theoretical frameworks that you use in your practice.

Personal Information:

Criminal Convictions	Circle	One
1. Have you any criminal convictions, or are any charges pending, other than minor traffic infringements? o If “Yes” please provide a statement outlining your conviction details. <i>NB: Please note that all candidates with previous convictions that incur custodial sentences may be required to be interviewed by a Special Interview Panel in accordance with the good character policy at your cost.</i> o Complete the “Consent to Disclosure of Information” form included with this pack.	Yes	No
Professional Association		
2. Have you ever been declined membership of a kindred professional association? If “Yes” please give details on a separate sheet of paper.	Yes	No
3. Have you ever been, or are you currently, the subject of a concern or complaint about unethical or unprofessional conduct? If “Yes” please give details on a separate sheet of paper.	Yes	No
Consent Information		
If accepted as a Member of NZAC I consent to my details being made available to organizations promoting counselling services details and my name being published on NZAC website.	Yes	No

Declaration

**If accepted as a Member of NZAC I agree to work within the
 NZAC CODE OF ETHICS – A FRAMEWORK FOR ETHICAL PRACTICE**

I have read and understood the practical implications of this Code.

I understand that the entry requirements for membership may change in the future and any application will be assessed against the criteria at the time of assessment.

I declare that the information provided in this application is true and correct and hereby authorise NZAC to contact any person or organisation named in this application about any matter relevant to my application.

I consent to any of the people named below and/or any other relevant people being contacted about my application.

Candidate’s name: _____

Signature: _____

Date: _____

Supervisor’s Name: _____

Signature: _____

Date: _____

On a separate sheet of paper please enclose the following information

1. Letters support of your application:

- a) A letter from your **employer(s)** supporting your application and confirming that you have not been or currently are subject to any ethical complaints.
- b) One letter of support from a full **Member** of a counselling related professional body who supports your application.
- c) If you are in **Private Practice** please provide a further letter from a full **Member** of a counselling related professional body who supports your application.

2. Evidence of Membership to your Professional Counselling Body

- a) Please enclose a verified photocopy of the original membership card – certificate and proof of recent or current financial status.
- b) Evidence from your professional body that you have not been or currently are subject to any ethical complaints.

3. Face-to-Face Counselling Experience

Describe what have been the key tasks and focus of your counselling to date.

4. Details of your Counselling Education:

Please detail, and provide evidence of, the following aspects of your counselling education:

- The name of your training provider.
- The title of your qualification.
- The level of your completed training (degree, diploma etc).

- | |
|---|
| <ul style="list-style-type: none">• You need to attach verified photocopies of your counselling qualifications.• You need to provide evidence of the completion date of your programme. This enables NZAC to verify the start point for counting of your post-training hours.• An academic transcript of you Counselling Qualification. These documents must be verified as a true and correct record of your training. |
|---|

5. Evidence of ongoing commitment to Professional Development

Please detail, and provide evidence of, any professional development you have undertaken since completing your counsellor training:

- Provide course title/s, name of trainers/providers and the duration of the course.
- Detail any current plans for your professional development.

6. External supervision:

Number of Supervision sessions undertaken during training.	
Number of Supervision sessions undertaken since completing training.	
Total number of Supervision sessions undertaken in total.	

7. Theoretical frameworks you work from:

Give a brief outline of **two** theoretical frameworks that you use when working with your clients. A minimum of a page on each is required.

8. Personal Development - It is expected that you will have:

- *Experienced and have an understanding of being a client in a therapeutic relationship with a counsellor.*
- *Experienced and have an understanding of being a participant in a group therapeutic process.*
- *And are able to demonstrate an ongoing commitment to personal growth.*

a) Please detail and provide evidence of, any personal development you have completed since completing your counsellor training:

Provide course title/s, name of trainers/providers and the duration of the course.

b) What are you currently doing to address your growth in self-awareness and personal growth generally, especially as it relates to your counselling practice?

c) Describe what you have learned or gained through personal work, either during your course or other personal work you have completed. This may have been gained from personal counselling, or from reflection and learning from significant life events or experiences.

9. Your experience of Ethics in practice:

In this section you need to **fully** demonstrate how you have integrated your knowledge of your professional association's Code of Ethics into your practice. Please enclose a copy of your professional association's Code of Ethics.

Describe **in detail** an ethical dilemma you have faced in the last 24 months.

- a) With reference to your professional association's Code of Ethics describe your understanding of the ethical dilemma and how you resolved it.
- b) Describe how you adhere to your professional association's ethical standards in your current practice.

10. Your strengths in relation to your professional practice:

Describe the special strengths and qualities you bring to your work.

11. Your personal challenges/growing edges in relation to your professional practice:

- a) What are some of the challenges/growing edges you face in relation to your professional practice?
- b) What steps are you taking to address these?

12. What other comments would you like to make in relation to your application?

SUPERVISOR'S REPORT –
PROVISIONAL MEMBER APPLICATION OVERSEAS CANDIDATE

To be completed in consultation with the candidate.

The Supervisor must be a **Full Member of NZAC or similar professional body**, who has been a Member for at least **three** years and who has been the candidate's supervisor for at least 12 months

Name of Supervisor: _____

Professional Association of Supervisor: _____

1. Does this Association have a Code of Ethics and a Complaints Procedure?

Yes

No

If you are not a Member of NZAC then please enclosed a copy of your Annual Practicing Certificate with this report

Relevant Experience and Training as a Supervisor:

2. Frequency of Supervision:

Monthly

Three
Weekly

Fortnightly

Weekly

3. How long has the Supervision Contract been in place? (Minimum of 12 months)

4. Do you have administrative or statutory responsibility for the Candidate's work?

Yes

No

If 'Yes' please explain this relationship on a separate sheet of paper.

5. Your experience of this Candidate's work has been from: [Tick relevant boxes]

Supervision

Audio

Video

Sitting in on counselling session(s)

Transcripts

Other

The Membership Assessment Committee expects that you will have viewed/heard tapes of counselling sessions for this candidate.

8. To your knowledge has the Candidate ever been, or is currently the subject of a concern or complaint about their unethical or unprofessional conduct?

Yes

No

(If 'Yes' please comment on a separate sheet.)

NB: Post training begins when the Candidate has completed all training requirements, including case folio work, audit and internship.

8. Number of face-to-face counselling hours undertaken to this point – minimum 200

10. Number of hours of Supervision undertaken to this point – minimum 20

In total the supervisee should have completed a minimum of 200 hrs face-to-face practice
The supervisee is responsible for producing a log for you to see of the above hours. They are also responsible to provide you with evidence of having completed the professional and personal development that they have indicated in their application.

11. Counselling Log seen: Yes

No

In having read this application of the candidates work, it reflects my experience of the supervisee and their work. I have sighted the candidate's log of face-to-face practice. To the best of my knowledge, the information contained in it is correct, and this person is of good character and is fit to practice.

Supervisor's Signature: _____

Date: _____

Candidate's Signature: _____

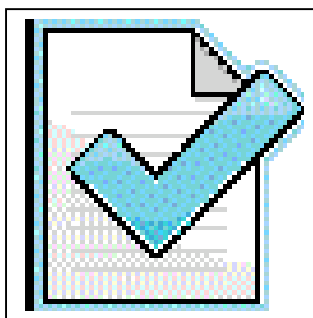
Date: _____

On a separate sheet of paper please comment on the following:

1. Comment on the Candidate's ability to establish and maintain a close empathic, therapeutic, counselling relationship with clients.
2. Comment on the extent to which the Candidate demonstrates effective practice as a counsellor.
3. What is the Candidate's main modality completed during their formal training?
4. Comment on the extent to which the candidate demonstrates effective use and understanding of this theoretical framework.
5. Comment on the extent to which the Candidate demonstrates knowledge and understanding of another modality.
6. Comment on the Candidate's commitment to the development of self-awareness and self-understanding.
7. Comment on the Candidate's commitment to the supervision process.
8. What Professional Development training has the candidate undertaken in the last 6 months?
9. Recommendations for further training and/or development.
10. Further comments you wish to make.

CHECKLIST

This is your checklist for sending in your completed application.



**Please make sure you have enclosed the following.
Do not staple anything, use clips, do not bind it.
We only need one of your application.
We need to make copies of your application.
Just put everything into a one plastic sleeve**

Please arrange them in the following order:

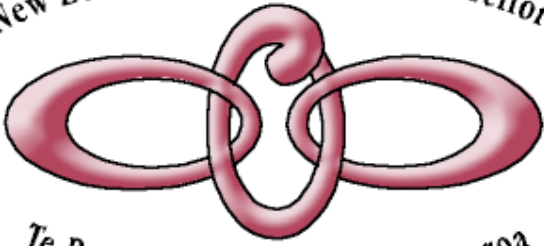
- An assessment fee with the Payment Options sheet.
- Your written application.
- A Supervisors report and a copy of their Annual Practicing Certificate.
- Letter(s) from your current or recent employer.
- Support letters from people who know your practice.
- Evidence of Membership to my overseas professional body.
- A letter from your Professional Body to say that there has been or is no current complaint about your ethical practice.
- A verified copy** of Counselling Qualifications.
- A counselling log of the last 12 months of your practice is required (no confidential details are required – initials, dates, number of sessions).
- A copy of a police report from the country where you have lived – or evidence of permanent residency to New Zealand.
- The NZ Police Vetting form.
- Further Assessment fee of \$50 as this is a resubmission. (If applicable)

Send your application to:

**NZAC
PO Box 165
Hamilton 3240**

**Need help!!!!
Then contact Pauline Marshall by email: membership@nzac.org.nz**

New Zealand Association of Counsellors



Te Roopu Kaiwhiriwhiri o Aotearoa

Please send this back in with your application

P O Box 165 Hamilton, Telephone (07) 834 0220 Fax (07) 834 0221, Email: membership@nzac.org.nz

Licensing & Vetting Service Centre
Office of the Commissioner
P O Box 3017
Wellington

I,
(Surname) (First Names)

.....
(Maiden or any other names used)

Sex.....(M/F) Date of birth

Place of birth Nationality

Residential Address

Suburb..... City.....

NZ Drivers Licence number.....

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to **New Zealand Association of Counsellors**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE

NZAC – N30077

Payment Options:

Assessment fee for Provisional Member status is:

\$75

Please complete the form below and send it in with your application.

FIRST NAME	
FAMILY NAME	

There are 3 Options for payment:

	Payment Options	Reference Code	Tick which option chosen
You can pay by direct debit to:	NZAC National Bank Account Number: 060569 0127620 00	Write your FULL NAME in the reference code	
Cheque	Made out to "NZAC"		
Credit card	Fill out the section below		

Credit Card

Please debit my: Visa MasterCard American Express card (circle one)

My Card number is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

--	--	--	--	--

AMOUNT TO CHARGE \$ _____

Name on Card: _____

Signature: _____

Tick the box if require a receipt for your assessment fee: