

New Zealand Association of Counsellors

New Zealand Counselling Training/Education Programme Provisional Member Request Until the end of 2010

Thank you for requesting an application to join NZAC. Below are a few key pieces of information that you need to know before making an application to NZAC.

SPECIAL NOTICE

Those students who have completed training by the end of 2010 are eligible for Provisional Status under the old criteria, outlined below.

However you will then need to work towards meeting the “new” Membership criteria to gain full Member status.

This may mean that your time at Provisional Member status may be longer than a year.

NB: If your training continues past the end of 2010 you need to apply for Provisional Member status under the “Criteria from 2011”.
Please refer to the NZAC website for the “new criteria” and contact the Membership Manager if you need to:

membership@nzac.org.nz

1. COMPLETING / COMPLETED AN AOTEAROA NEW ZEALAND COUNSELLING QUALIFICATION: i.e. “old criteria”

The following shall be eligible for Provisional Member status.

A person of good character who has:

- a. Will complete in an Aotearoa New Zealand professional counselling training/education programme by the end of 2010 to a minimum of NZQA level 6.
- b. Completed a minimum of 100 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 NZAC or a similar professional body, who has been a Member for at least three years and who has been the candidate’s supervisor for at least 6 months. A minimum of 10 hours 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.

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.

Applications for Provisional Member status will be accepted at National Office on an ongoing basis up until: Friday 26th November 2010

Assessment cost: \$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 sub 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



Date received	
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**APPLICATION FOR PROVISIONAL MEMBER STATUS
FROM A NEW ZEALAND COUNSELLING PROGRAMME
Pack valid until 26th November 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:	
EMAIL ADDRESS:	

Date of Birth	
Nationality	
Hapu/lwi (if applicable)	

MAIN EMPLOYER: (if applicable)	(Do not put any placement details)
WORK ADDRESS	
WORK PHONE	
WORK EMAIL	

Personal information:

Criminal Convictions	Circle	One
1. Have you any criminal convictions, or are any charges pending, other than minor traffic infringements? ○ 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> ○ 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 Provisional 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 PROVISIONAL 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 (including my training organisation and my supervisor) about any matter relevant to my application.

Candidate’s name: _____

Signature: _____

Date: _____

1. Membership to other counselling professional bodies (e.g. ANZASW, NZAP etc):

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2. Training:

Training Provider	
Level of training completed by the end of 2010	
Field of training (counselling, psychotherapy, etc)	

3. Name 2 theoretical frameworks that you studied during your training:

4. External Supervision:

Name of Supervisor	
Professional Association of Supervisor	

5. A record of face-to-face counselling and supervision experience undertaken:

Face-to-face practice and supervision	Total Hours
Face-to-face counselling hours completed during training	
Face-to-face counselling hours completed since completing training (if applicable)	
Individual Supervision sessions attended during training	
Individual Supervision sessions attended since completing training (if applicable)	

6. Supporting Information required:

- A letter is required from your Training Provider to confirm that you have met the minimum requirements for Provisional Member status to NZAC.
(Training Providers have a set letter for this)

SUPERVISOR'S REPORT
PROVISIONAL MEMBER STATUS 2010 – under OLD CRITERIA
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 6 months.
A minimum of 10 hours supervision is required.

Name of Supervisor: _____

Professional Association: _____

If you are not a Member of NZAC please provide 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 6 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.

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

Yes

No

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

7. Number of face-to-face counselling hours undertaken to this point.

<input type="text"/>
<input type="text"/>

8. Number of hours of Supervision undertaken to this point.

In total the supervisee should have completed a minimum of 100 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.

9. Counselling Log seen Yes No

I have read the Candidate's application and, 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 _____

Please comment about the following on a separate typed document

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 core-counselling skills.
3. Comment on the Candidate's commitment to the development of self-awareness and self-understanding.
4. Comment on the Candidate's commitment to the supervision process.
5. How does the candidate demonstrate to you their understanding of Tikanga Maori and the Treaty of Waitangi? Please comment on the candidate's progress towards integrating the learning they have accrued during training and how affects their current or future practice?
6. The NZAC Code of Ethics should be an integral part of the Supervision process. Do you believe the Candidate understands the implications of the NZAC Code of Ethics? What evidence supports this belief?

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.
Just put everything into a one plastic sleeve**

Please arrange them in the following order:

- Your written application.
- Your Supervisors report.
- Letter from Trainer stating that you meet the minimum requirements for applying to NZAC
- Police Vetting form.
- Further Assessment fee of \$50 as this is a resubmission. (If applicable)

You do not need to send in your counselling log. Show your log to your supervisor. When they sign off your supervisors report they are confirming that they have sighted it.

Privacy statement

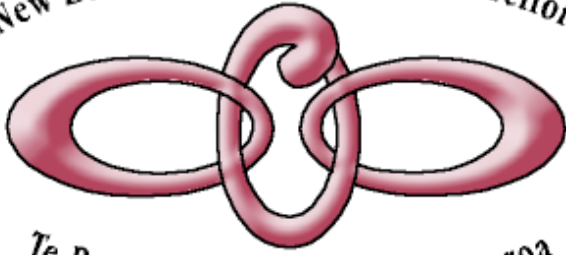
The information provided in this application will only be used for assessing membership of NZAC and the maintenance of membership records. Otherwise, it remains confidential to members of the Membership Committee, Ethics Committee and National Office Staff, and may be discussed with persons or organizations named in the declaration.

As part of the assessment process your name and contact details will be given to your local branch but will not be given to any other person or organisation except in terms of any consent expressly stated in this application.

Send your application to:

**NZAC
PO Box 165
Hamilton 3204**

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 Name(s))

.....
(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:

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Expiry Date:

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AMOUNT TO CHARGE \$_____

Name on Card: _____

Signature: _____

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