

## **New Zealand Association of Counsellors**

### **Provisional Member Request 2010**

### **Particular Circumstance**

This option is for people who have been working in the social sciences/services (fields of practice) for a minimum of 8 years full time equivalent. It recognises personal development, learning and experience from a variety of sources, including extensive supervised counselling practice, which the candidate has been able to integrate to form their own professional foundation for counselling work. The onus is on the candidate to demonstrate that they have acquired in other ways the awareness, theoretical knowledge, skills and experience normally found in a counselling training programme, achieved appropriate levels of competency and integrated different sources of learning.  
Detailed information and evidence must be provided.

#### **A. PROVISIONAL MEMBER**

A person of good character who has:

- a) A minimum of 600 hours of training and professional development. This must include a minimum of 125 hours of Core Counselling skills training.
- b) Completed a minimum of 2000 hours of supervised individual, couples, family and whanau counselling. 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) Bi-cultural requirements  
To become a Provisional Member of NZAC under Particular Circumstance, you must have knowledge and understanding of NZAC's bicultural requirements.
- d) Undertaken a minimum of 50 hours supervision.
- e) 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 12 months.

- f) Undertaken Professional Development as required by NZAC.
- g) Undertaken Personal Development as required by NZAC.
- h) Agreed to work within the NZAC Code of Ethics and to be accountable to the Association while working towards Member status.

**Note:**

Particular Circumstances Provisional Member status may be held without review for 5 years beginning when the 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.

**Close off dates for all written applications in 2010**

**Applications after the dates below will not be considered**

<b>Friday:</b>	<b>29<sup>th</sup> January</b>
<b>Monday:</b>	<b>24<sup>th</sup> May</b>
<b>Monday:</b>	<b>13<sup>th</sup> September</b>
<b>Friday:</b>	<b>10<sup>th</sup> December</b>

**Assessment Cost: \$75**

This cost must be included with your application.

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.

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](http://www.nzac.org.nz)



Date received

**PARTICULAR CIRCUMSTANCES APPLICATION 2009  
PROVISIONAL MEMBER STATUS REQUEST  
Pack valid until 10<sup>th</sup> December 2010**

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

<b>Date of Birth</b>	
<b>Nationality</b>	
<b>Hapu/lwi (if applicable)</b>	

<b>MAIN EMPLOYER:</b>	
<b>WORK ADDRESS</b>	
<b>WORK PHONE</b>	

<b>SECONDARY EMPLOYER: (If applicable)</b>	
<b>WORK ADDRESS</b>	
<b>WORK PHONE</b>	

**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:**

<b>Training Provider</b>	
<b>Level of training completed</b>	
<b>Field of training (counselling, psychotherapy, etc)</b>	

**External Supervision:**

<b>Name of Supervisor</b>	
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**Name 2 theoretical frameworks that you use in your practice.**


**Personal Information:**

<b>Criminal Convictions</b>	Circle	One
1. Have you any criminal convictions, or are any charges pending, other than minor traffic infringements? ○ If <b>“Yes”</b> please provide a statement outlining your conviction details. <i><b>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.</b></i> ○ Complete the “Consent to Disclosure of Information” form included with this pack.	Yes	No
<b>Professional Association</b>		
2. Have you ever been declined membership of a kindred professional association? If <b>“Yes”</b> 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 <b>“Yes”</b> please give details on a separate sheet of paper.	Yes	No
<b>Consent Information</b>		
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:** \_\_\_\_\_

**Please provide the following information in a separate typed document:**

**1. Letters in 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 NZAC who supports your application.
- c) If you are in **Private Practice** please provide a further letter from a full **Member** of NZAC who supports your application.
- d) Letter from cultural consultant/supervisor

**2. Face-to-Face experience as a Counsellor**

Please provide evidence of a minimum of 2000 hours face to face counselling.

- a) A statement from your employer(s) confirming the above.
- b) A counselling log of the last 24 months of your practice is required.  
(No confidential details are required – initials, dates, number of sessions).

**3. Face to Face Counselling Experience - Focus of Counselling / key tasks**

- a) Outline your face-to-face counselling experience over the last 8 years.
- b) Explain what your key tasks are within your job.

**4. Counselling Training Information**

Core Counselling Skills training undertaken.

Outline any learning outcomes from each course. (See example below for assistance in layout)

**COUNSELLING TRAINING IS:**

**Ongoing, Comprehensive, Cohesive, Theoretical and Skills-Based**

**Example**

<b>Course Title</b>	<b>Course Facilitator</b>	<b>Date</b>	<b>Total Hours</b>	<b>Key Learning Outcomes</b>
Person Centred Counselling Skills	HD&T	Sept – November 2006	30hrs	
Couples Counselling	HD&T	Feb - May 2005	60hrs	
Treaty of Waitangi	Massey University Paper	2006	120 hrs	
Transactional Analysis	Christchurch Polytechnic	Jan - April 2007	40hrs	
Family Therapy - Theory and Practice	Youthline	Ongoing during 2005	80 hrs	

**IMPORTANT! Attach evidence of completion of all courses listed.**

## **5. Professional Development Undertaken**

- A. Ongoing Professional Development undertaken in the last 2 years.
- B. Outline your plans for ongoing Professional Development over the next 2 years. (See example below for assistance in layout)

### **PROFESSIONAL DEVELOPMENT IS:**

**Workshops, Seminars, Conference attendance.  
Anything that supports your practice but is of short duration.**

**Example:**

<b>Workshop Title</b>	<b>Course Facilitator</b>	<b>Date</b>	<b>Duration in Hours</b>	<b>Key Learning Outcomes</b>
Working with Suicidal Clients	Bill Smith	16th Feb 2005	5hrs	
Working with Difference	Mary Brown	23 <sup>rd</sup> – 24 <sup>th</sup> Aug 2003	10hrs	
NZAC Conference	NZAC	6-9th June 2007	18 hrs	

## **6. Personal Development Undertaken**

### **PERSONAL DEVELOPMENT IS:**

Personal growth involves being conscious of one's thoughts, feelings, prejudices, and judgments and using this personal knowledge to act with mindfulness and in greater accordance with one's values and potential.

<b>Workshop Title</b>	<b>Course Facilitator</b>	<b>Date</b>	<b>Duration in Hours</b>	<b>Key Learning Outcomes</b>
Meditation	George Stevenson	14 -16 April 2006	10 hrs	
Spiritual Direction	Averil Stone	30 August 2008	6 hrs	
Women's Support Group	Pauline Dimond	Monthly over 2007	11 hrs	
Ongoing counselling as a client	Jo Simmonds	Monthly ongoing	25hrs	

### **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.

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.

## **7. Counselling**

a) Describe what motivated you into entering the field of counselling practice.

b) Outline your understanding of the nature and purpose of counselling.

## **8. Theoretical Frameworks - Modalities**

Outline in **detail two** Theoretical Frameworks that you use when working with your clients.

## **9. Ethics in Practice**

In this section you need to **fully** demonstrate how you have integrated your knowledge of NZAC Code of Ethics into your practice.

a) With reference to the NZAC Code of Ethics describe your understanding of an ethical dilemma and how you resolved this. It is important that you link the details of the event by identifying and cross-referencing to the aspects of the Code of Ethics.

b) Describe how you adhere to NZAC ethical standards in your current practice.

## **10. Bi-Cultural Awareness**

Under the current Membership Criteria it is expected that candidates will have established an ongoing relationship with a cultural advisor/consultant/supervisor from the rohe. Please refer to "Cultural Safety Practice" for guidance.

The cultural advisor/consultant/supervisor must support the application with a written statement.

**Integrating knowledge with practice.**

**What is your understanding of the following?**

- Te Tiriti o Waitangi / Treaty of Waitangi
- Marae protocol
- tikanga
- whanaungatanga
- manaakitanga
- kotahitanga
- wairuatanga

- Have completed a noho Marae experience.
- Colonisation / De-Colonisation discourses.
- Biculturalism.
- How to apply knowledge and understanding to work safely and effectively with Maori.
- How to apply these concepts into current and future practice

### **Cultural Safety Practice**

Cultural safety practice is with a person of Maori descent, who has ancestral / whakapapa knowledge and who has a clear understanding of working with Maori in culturally safe ways.

This person must be a Member of NZAC or a similar professional body, and/or needs to hold a position of responsibility in iwi, hapu, and/or a position of responsibility within their marae, and/or a position of responsibility in the wider community.

This can occur in individual, peer or in a small group.

Please note that this is an interim policy, which can be subject to change on advice from the Maori Roopu.

### **11. Your strengths in relation to your professional practice:**

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

### **12. Your and 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?

### **13. What other comments would you like to make in relation to your application?**

**SUPERVISOR'S REPORT**

**Particular Circumstances**

**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.

A minimum of 50 hours supervision is required before an application can be submitted.

Name of Supervisor: \_\_\_\_\_

Professional Association: \_\_\_\_\_

**If you are not a Member of NZAC please provide a copy of you annual practicing certificate with this supervision report.**

Relevant Experience and Training as a Supervisor:

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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.

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

Supervision	<input type="checkbox"/>	Audio	<input type="checkbox"/>
Video	<input type="checkbox"/>	Sitting in on counselling session(s)	<input type="checkbox"/>
Transcripts	<input type="checkbox"/>	Other	_____

The Membership Assessment Committee expects that you will have viewed/heard a minimum of 2 tapes of counselling sessions for this candidate before submitting a report.

6. 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.)

7. Average number of counselling hours per week.

8. Number of Supervision hours undertaken in the last 2 years.

9. Number of face-to-face counselling hours undertaken in the last 2 years.

10. Please attach a Supervisor-signed copy of a log of face-to-face counselling hours over the last 2 years.

Log Example:

PD	23/2/03	Depression, separation
RM	24/2/03	Relationship issues

## DECLARATION

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: \_\_\_\_\_

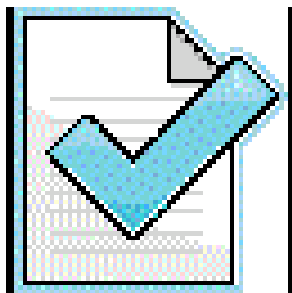
Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**On a separate sheet of paper please comment on the following (Typed 12pt)**

1. Comment on the Candidate's ability to establish and maintain a close, empathic, and 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?
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 ongoing commitment to the development of self awareness and self understanding.
7. Comment on the Candidate's commitment to the supervision process.
8. What percentage of the Candidate's client base is Maori?
9. How does the Candidate demonstrate an understanding of Bi-culturalism in his/her practice? Please be as specific as possible.
10. What Professional Development training has the candidate undertaken in the last 12 months?
11. Recommendations for further training and/or development.
12. 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.**

**I only need one copy 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:**

- Your assessment fee. Along with your payment fees sheet.
- Your written application.
- Your Supervisors report.
- Letter(s) from your employer.
- Support letter(s) from NZAC Member(s)
- Letter from cultural supervisor/consultant.
- A verified copy** of Counselling Qualifications and
- Evidence of ongoing personal and professional development.
- Your counselling log for the last 2 years.
- Police Vetting form.
- Further Assessment fee of \$50 as this is a resubmission. (If applicable)

Send your application to:

**NZAC**

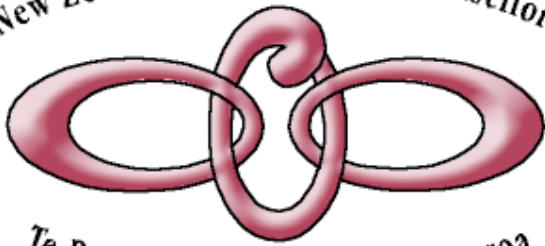
**PO Box 165**

**Hamilton 3240**

**Need help!!!!**

**Then contact Pauline Marshall by email: [membership@nzac.org.nz](mailto: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**

Re-assessment fee **\$50**

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

<b>FIRST NAME</b>	
<b>FAMILY NAME</b>	

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 <b>FULL NAME</b> 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: 

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AMOUNT TO CHARGE    \$\_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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