



2019

New Zealand Association of Counsellors

Application for Provisional Membership for a New Zealand Counselling Qualification awarded prior to 1 January 2019

To be eligible to become a Provisional Member of NZAC you need to:

Be a person of good character who:

1. Has completed an Aotearoa New Zealand professional counselling education programme. This qualification is at least NZQA approved Level 6 or above.
2. Has completed a minimum of 200 hours of face-to-face counselling. This can be with individuals, couples, family, whanau. Up to 100 hours can be facilitation and / or co-facilitation of a therapeutic group. *Telephone, online counselling, therapeutic letters and course-related practice skills hours cannot be counted towards the total hours.*
3. Has completed the following Provisional Membership supervision requirements:
 - a. A minimum of 20 supervision hours.
 - b. At least 10 supervision hours are to be external to the counsellor education programme. The external supervisor to be a member of NZAC or a similar professional body.
 - c. The counsellor education programme can provide up to 10 supervision hours. This supervision can be small facilitated groups, of up to 6 people.
 - d. The current external supervisor is to complete the Supervision Report.
 - e. The Programme Supervisor will confirm Programme Supervision has been completed (if applicable) in the Education Provider letter (refer to Supporting Information page 5, number 1).
4. Agrees to work within the NZAC Code of Ethics and to be accountable to the Association while working towards Member status.

Please note:

NZAC Provisional Member status may be held for 5 years from date of confirmation. 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, unless an extension is approved.

Information Sheet

- Assessment cost: \$90.00 incl GST (this is non refundable)
- Applications are accepted at any time of the year. This form is valid until 30 November 2019.
- Assessment time frame: Please note that it can take approximately 2 months from the time all material is received at National Office for the application to be assessed.
- All decisions made are subject to a satisfactory Police Report.

Read the information below before making your application

- Ensure your application is complete to enable the process to proceed.
- All applications to be single sided with no staples, consistent font, size 12 or 14 with standard margins.
- If your application meets all requirements the Membership Committee will recommend to the National Executive that Provisional Membership status be granted.
- The steps for upgrade to member begin once you are granted Provisional Member status – not when you complete your counsellor education programme.
- If you have had any complaint(s) about your practice, full disclosure is required when you present your application. This will then be discussed by the Membership Committee before any assessment can take place.
- If you have any criminal conviction(s) full disclosure is required when you present your application. This will then be fully discussed by the Membership Committee before any assessment can take place. Candidates with significant convictions may be required to attend an interview with a Special Interview Panel in accordance with the NZAC's Good Character Policy. This will be at your own cost and before any decision about membership can be made.
- If you are not a New Zealand Citizen please provide evidence of either New Zealand Residency or of a valid New Zealand Work Visa. As a Provisional Member you need to be able to work in New Zealand to complete the requirements for upgrade to member.
- The information gathered in this application pack will be used for the purposes of assessing your suitability to be a NZAC Provisional Member. The information will be kept on file until you become a full Member or if you resign. Contact details will be used to send you material (newsletters, updates etc) from the National Office or from delegated representatives of NZAC (e.g. Branch Secretaries).

If assistance is required please contact the Membership Manager:

membership@nzac.org.nz or refer to the information under

<http://www.nzac.org.nz/membership.cfm>

Send your application to:

NZAC
PO Box 25154
Wellington 6146

Date received
(Official use only)



2019

APPLICATION FOR PROVISIONAL MEMBER STATUS
FROM A NEW ZEALAND COUNSELLING PROGRAMME AWARDED
BEFORE 1 JANUARY 2019
(Application form valid until 30th November 2019)

First Names	
Family Name	
Your preferred name (this will be on all documentation you receive)	
Date of Birth	
Citizenship status	
Ethnicity	
Iwi / Hapu (if applicable)	
Postal Address	
Town / City	
Post Code	
Home Phone Number	
Work Phone Number	
Mobile Number	
E-Mail Address	
Website (if applicable)	

Counselling Education Provider

Counsellor Education Provider	
NZQA Level of Programme completed	
Date when programme completed	
Title of Programme	

Supervision Arrangements

Name of Supervisor(s)	
Programme Supervisor	
External Supervisor	
Professional Association of Supervisor(s)	
Programme Supervisor	
External Supervisor	
Beginning and end dates of supervision	
With Programme Supervisor	
With External Supervisor	

Placement / Counselling and Supervision Information**Face-to-face counselling practice undertaken**(Please provide exact numbers of hours)

Counselling hours completed during programme

Counselling hours since completing programme

Facilitation and/or co-facilitation of therapeutic group work hours

Supervision Sessions undertaken

Number of programme ie internal supervision sessions attended during programme

Number of external supervision sessions attended during and since completing programme

Placement Details

Last Placement (name and dates)

Main Employer now (if applicable)

Supporting Information (Please tick each box as you complete it)

1. ☐ A letter from your Education Provider to confirm that you have met the programme requirements for Provisional Member status to NZAC, including programme supervision requirements if applicable.
2. ☐ A letter of support from your current employer (if applicable) and last placement. The letter to outline any counselling related work you have undertaken. Also to state that you were not, or currently are not, subject to any concern / complaint about your practice.
3. ☐ A letter from any other professional body that you may belong to confirming your status, length of membership and that you were not or currently are not subject to any concern or complaint about your practice.
4. ☐ If you have any personal disclosure statements or other advertising material such as business cards, enclose copies.
5. ☐ If you are not a New Zealand Citizen provide evidence of either New Zealand residency or a valid New Zealand Work Visa. As a Provisional Member you need to be able to work in New Zealand to complete the requirements for upgrade to full Member.
6. ☐ If you are including any group related counselling work in these totals then outline the details of:
 - a. Name of the group
 - b. Role you had within the group
 - c. Outline the therapeutic nature of the group
7. ☐ Payment details / completed

NB: You do not need to send in your counselling log. Show your log to your supervisor. When they sign your supervisor's report they are confirming they have sighted it.

Once you are granted Provisional membership, you must have a NZAC Supervisor.

Criminal Conviction or Charges Declaration

Circle one of the following

Do you have any criminal convictions, or are you under investigation, or aware of any charges pending in New Zealand or in any other country, other than minor traffic infringements?	Yes	No
<p>If “yes” attach a detailed statement outlining your conviction details and / or information about the pending charges, in a separate document.</p> <p>NB: All candidates with previous convictions may be required to be interviewed by a Special Interview Panel in accordance with the NZAC’s Good Character Policy. This will be at your own expense and before any decision about membership can be made.</p>		

Professional Conduct Declaration

Circle one of the following

1.	Are you or have you ever been the subject of formal professional disciplinary proceedings that have been upheld in New Zealand or another country?	Yes	No
2.	Are you or have you ever been the subject of a complaint that has been upheld to the New Zealand Health and Disability Commissioner, or an equivalent officer in another country?	Yes	No
3.	Have you ever applied, withdrawn or been declined for registration as a health practitioner?	Yes	No
4.	Are you currently a member of any other professional body representing Counselling or Psychotherapy?	Yes	No
<p>Name of professional body: _____</p> <p>You are required to supply a letter from this body to say that you were/are not subject to any concern(s) / complaint(s) about your practice.</p>			
5.	Have you previously been a member of any other professional body representing Counselling or Psychotherapy?	Yes	No
<p>Name of professional body: _____</p> <p>You are required to supply a letter from this body to say that you were/are not subject to any concern(s) / complaint(s) about your practice.</p>			

If you have answered “**yes**” to any of the questions above attach a detailed statement outlining the issues and any sanctions in a separate document.

Candidate Declaration

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 also confirm that I have fully discussed in supervision:

- a. Any previous criminal convictions, or any charges pending that I have, other than minor traffic infringements.
- b. Any complaint(s) / concern(s) raised by my Counsellor Education Provider.
- c. Any complaint(s) / concern(s) raised within my placement(s).

Candidate's name: _____
(Please print)

Candidate's signature: _____

Date: _____ / _____ / _____

**If you do not disclose all information or are dishonest in the information given,
your application may be declined.**

External Supervisor's report – Part A

Provisional Member Application 2018

To be completed in collaboration with the candidate.

The supervisor must be a full Member of NZAC or similar professional body, who has been a Member for three years and who has been the candidate's supervisor for at least the past 12 months. A minimum of 10 hours of individual supervision sessions is required before application.

Name of Supervisee: _____
(Please print)

Name of Supervisor: _____
(Please print)

Professional Association: _____
(Please print)

1. Frequency of supervision.

2. Start and end date of supervision contract.
Start date:

End date:

3. Total number of hours of supervision undertaken to this point).

4. Do you have administrative or statutory responsibility for the candidate's work? (Circle the relevant answer)
If "yes" explain this relationship.

Yes	No
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In total the supervisee needs to have completed a minimum of 200 hours counselling practice.

5. Total number of hours counselling clients undertaken by the candidate.

6. Total number of hours as a facilitator and/or co-facilitator of therapeutic group(s) undertaken by the candidate.

7. Counselling Log seen (Please circle the relevant answer).

Yes	No
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It is a requirement that at least 2 recordings (audio and/or video) of the candidate's work with clients are made available to the supervisor for discussion before an application is submitted.

8. Your experience of the candidate's work has been from:

- ☐ Video ☐ Audio
☐ Transcripts ☐ Observing counselling session(s)
☐ Other _____

9. 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 comment on a separate sheet)

Supervision Declaration

I have read, sighted and initialled each page of the candidate's application. I have also recently viewed / heard recordings of this candidate's work. To the best of my knowledge the information contained in this application is correct and this person is of good character and is fit to practise.

Supervisor's name _____
(Please print)

Supervisor's signature _____

Date: _____ / _____ / _____

External Supervisor's Report – Part B

Respond in a separate document to each of the following with sufficient details to enable the Assessment Team to make an informed decision regarding the candidate.

1. The extent to which the candidate demonstrates core-counselling skills, e.g. The ability to establish and maintain a therapeutic counselling relationship with clients.
2. The candidate's development of self-reflection.
3. The candidate's engagement with the supervision process.
4. The candidate's knowledge of the impact of colonisation and the principles of Te Tiriti o Waitangi Aotearoa New Zealand. How is the candidate developing their understanding of these issues?
5. Do you believe the candidate understands the implications of the NZAC Code of Ethics? What evidence supports this belief?

Vetting Service

Request and Consent Form

This Police vetting form is in two parts. Section 1 is the Evidence of Identity and Section 2 is the Request and Consent Form. In Section 1 the New Zealand Police require that you get a Trusted Referee* to check your identity against an appropriate form of identity. Section 2 is for you to read and complete.

Section 1: EVIDENCE OF IDENTITY (ID)

for further information, see <http://www.dia.govt.nz/Resource-material-Evidence-of-Identity-Standard-Index>

I confirm that the identity of the applicant has been checked as follows:

I

have sighted the ID documents below, and verified the photo against the applicant in person (mark box)

☐ Primary ID document (e.g. passport, original birth certificate, firearms license etc *see link above*)
and

☐ Another form of ID (e.g. driver licence, 18+ card, Community Services Card, etc *see link above*)
and

☐ One of the above must be photographic – confirm comparison made
and, if applicable

☐ Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)

[*a trusted referee must be over 16, and not be related, or a partner/spouse, or a co-resident of the applicant, and be either a person of standing in the community (e.g. registered professional, religious or community leader, Police employee) or registered with the Approved Agency.

The trusted referee must:

sign and date the copies of identity documents, and endorse each of them appropriately e.g.

"I have sighted the original version of this document"

"I have sighted the original version of this document and I have compared the photographic image with

[name of applicant]

and confirm they appear the same person."

provide his or her name and contact details.

Trusted Referee Confirmation:

Name:

Signature:

Date:

Name of Approved Agency submitting vetting request:

New Zealand Association of Counsellors

Section 2:

**Applicant to complete and return to Approved Agency (NZAC)
with this application** (the Approved Agency will submit the vetting request to NZ
Police and receive the vetting result)

PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

*Family name: (Primary)	<input type="text"/>	First name(s): (Primary)	<input type="text"/>	<input type="text"/>
*Gender:	(M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/>	*Date of birth: (dd/mm/yyyy)	<input type="text"/>	
*Place of birth: (town/city/state)	<input type="text"/>	*Place of birth: (country)	<input type="text"/>	
NZ Driver Licence number: (*where held - for ID verification by NZ Police – optional)	<input type="text"/>			

If applicable, please include other names and mark them A, M, or P as appropriate:

(A) alias or alternate name(s)**(M)** married name if not primary name**(P)** previous/maiden/name changed by deed poll or statutory declaration

Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Permanent New Zealand Residential Address

*Number/Street:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
*City/Town/ Rural District:	<input type="text"/>	*Period of Residence:	<input type="text"/>

**Denotes a mandatory field*

Section 2:
continued

**Applicant to complete and return to Approved Agency (NZAC)
with this application** (the Approved Agency will submit the vetting request to NZ
Police and receive the vetting result)

CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>
- I acknowledge and understand** as follows:
1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
 2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a) my criminal record of convictions will not be disclosed; but
 - b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
 3. Where relevant information is subject to statutory or Court-ordered name suppression or prohibitions on disclosure, or other constraints on disclosure such as expectations of confidentiality or the protection of active criminal investigations or the safety of individuals, NZ Police may issue an alternative vetting result stating the existence of relevant non-disclosable information, without details.
 4. Where new information is obtained by NZ Police after the completion of my Police vet, NZ Police may disclose this information to the Approved Agency, and where appropriate to the Vulnerable Children Act Exemptions Administrator, if the information is considered relevant to the purpose of the Police vet.
 5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
 6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process (any fee remains payable by the Approved Agency).
 7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993 by making a request to the 'Approved Agency' in the first instance.
 8. No later than twelve months after the release of the vetting result, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, unless a longer retention period is required by legislation applying to the Approved Agency.
 9. The information I have provided in this form relates to me and is correct.

Applicant's Authorisation

☐

I have read and understood the information above

☐

I authorise NZ Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Signature of applicant

Date:

Date received (Official use only)	
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Payment Options

Assessment fee for Provisional Member status: \$NZ 80.00

(Non-refundable even if the application is unsuccessful)

Police Vetting Fee (compulsory): \$NZ 10.00

Total: \$NZ 90.00

Complete the form below and send it in with your application.

First Names:	
Family Name:	

There are 3 payment options (Tick which option chosen)

☐

Option 1: Internet banking

Account name: NZAC

Account number: 06 0569 0127620 000

Reference: Code: Write your Family Name and Initials in the reference code (e.g.BLOGSJ)

☐

Option 2: Cheque

Made out to "NZAC"

☐

Option 3: Credit Card (Please circle the relevant one)

Please debit my: Visa MasterCard American Express Card

Card number:

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Expiry Date:

--	--	--	--	--

Amount to charge: \$ NZ _____

Name on Card: _____

Tick the box if you require a receipt

☐

Direct Debit option: Please follow instructions accurately and make payment at the time of your application. Failure to do this will delay your application.

Post this form together with all associated documents to:

NZAC, P.O. Box 25154, Wellington 6146

(Please note: if all documents are not included the application will be returned to you)