



2019

**OVERSEAS COUNSELLING QUALIFICATIONS
NZAC
PROVISIONAL MEMBER REQUEST**

The following shall be eligible for Provisional Member status:

A person of good character who has:

1. Completed at least a Bachelor Degree in a Professional Counselling Education Programme. This qualification has both theory and supervised practice as core components and is at least NZQA approved Level 7 or above. This will need to be assessed by NZQA. Provide evidence that NZQA have assessed the qualification.
2. Completed a minimum of 200 hours of counselling practice. Present a log of your counselling hours to your Supervisor.
3. Completed a minimum of 20 hours of supervision with an external supervisor or provide an independent reference from a line manager or employer who can attest to your practice competence and good character.
4. Agrees to work within the NZAC Code of Ethics and to be accountable to the Association while working towards Member status.

These are the minimum professional criteria required. Other criteria are outlined in the application pack.

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

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- Assessment cost: \$260.00 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.
- 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>

Submission of your application:

- All applications to be single sided with no staples, consistent font, size 12 or 14 with standard margins.
- Put everything into one plastic sleeve.
- Read the guide about how much to write on each topic.
- The application is to be fully read and discussed with your supervisor.
- Each page of your application needs to be initialled by your supervisor.
- Do not send in your counselling log as your supervisor report confirms that they have seen it.
- Do not send any original copies of qualifications or certificates. Take the originals to your supervisor or Justice of the Peace to verify and sign the copies.
- Ensure you keep a copy of your application.

Checklist: (Please tick each box as you complete it)

1. ☐ Payment Sheet on top.
2. ☐ Your written application.
3. ☐ Your supervisor's report Parts A & B.
4. ☐ Letter from your employer(s).
5. ☐ Support letter(s) from NZAC Member(s).
6. ☐ Any personal disclosure statements or other advertising material (such as business cards. Enclose copies.
7. ☐ Letter from other professional body (if applicable) confirming there are no complaints about your practice.
8. ☐ A verified copy of counselling qualification.
9. ☐ Sealed academic transcript.
10. ☐ Evidence of police clearance form your country of origin or residency here in New Zealand.
11. ☐ Evidence of a valid working visa if you do not hold New Zealand residency.
12. ☐ NZ Police Vetting form.

Send your application to:

NZAC
PO Box 25154
Wellington 6146

If assistance is required please contact the Membership Manager: membership@nzac.org.nz
or refer to the information on http://www.nzac.org.nz/application_packs.cfm



2019

Date received
(Official use only)

**PROVISIONAL MEMBER REQUEST
OVERSEAS COUNSELLING QUALIFICATIONS
(Valid until 30 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)	

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.

Provide the following information as a separate document:

1. Details of your Counselling Education.

Provide verified evidence of your counselling education:

- a. A sealed transcript from your education provider.
- b. Verified copy of your qualification.
- c. Evidence of NZQA assessment that the qualification has New Zealand equivalence.

2. Evidence of Membership to your Professional Counselling Body

- a. Provide verified evidence of current membership of your professional body.
- b. Also provide a letter from your professional body to confirm that you have not been, or currently subject to any complaint about your professional conduct.

3. Employment details

Provide a letter from your employer(s) supporting your application and confirming that you have not been or currently are subject to any ethical complaints. This includes paid and/or voluntary work undertaken.

Provide a brief job description of your current or previous employment.

4. Counselling practice hours

- a. Counselling practice hours completed during training. Provide the details as well as total hours.
- b. Counselling practice hours completed since completing training. Provide details as well as the total hours.
- c. Therapeutic group hours completed where you have been either the facilitator or co-facilitator of the group. Provide details as well as the total hours.

An employer or supervisor needs to verify the above.

- d. If you have any material advertising your practice enclose this with your application.

5. Supervision

Your current supervisor needs to complete the report below.

Also provide a letter of support from previous supervisor.

This needs to include:

- Name of Supervisor and Professional Association of Supervisor.
- Confirmation of the supervision arrangement, frequency and length of contract. Ensure your supervisor includes the total hours.
- A brief report about their knowledge of your practice.

6. Counselling Practice

- a. Describe in detail what has been the main focus of your counselling practice, paid or voluntary, to date (one page).
- b. What has brought you to live and work in New Zealand?

7. Write a statement about Te Tiriti o Waitangi and your understanding of the significance it has in Aotearoa New Zealand today (one page).

8. Police Clearance

Provide a Police clearance from the country where you have lived – or evidence of permanent residency to New Zealand and/or a valid New Zealand Work Visa.

9. Are there any other comments you would like to make in relation to your application?

Supervisor's report – Part A

Overseas Provisional Member Application 2019

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
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(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: _____ / _____ / _____

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 250.00
 (Non-refundable even if the application is unsuccessful)
 Police Vetting Fee (compulsory): \$NZ 10.00
Total: \$NZ 260.00

Please 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)