

2019 Particular Circumstances Provisional Member request

This pathway to membership is for people who have been working in the social sciences/health services (fields of practice) for a minimum of 8 years full time equivalent.

It recognises professional 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 counselling practice.

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 education/training programme, achieved appropriate levels of competency and integrated different sources of learning.

Detailed information and evidence must be provided.

Applicants must fulfil the following requirements:

- a. Be a person of good character.
- b. A minimum of 600 hours of education/training and professional development. This must include a minimum of 100 hours of core counselling skills education/training.
- c. Completed a minimum of 2000 hours of supervised individual, couples, family and whanau counselling. Up to 50% of these hours can be in facilitation or cofacilitation of therapeutic groups. *Telephone, online counselling, therapeutic letters and practice labs hours cannot be counted towards the totals.*
- d. To become a Provisional Member of NZAC under Particular Circumstance, you must have knowledge and understanding of NZAC's responsibility to TeTiriti o Waitangi.
- e. Undertaken a minimum of 50 hours supervision, at least 10 sessions within the last 12 months.
- f. Submit 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 three years and who has been the candidate's supervisor for 12 months.
- g. Demonstrates an ongoing commitment to professional development.
- h. Demonstrates an ongoing commitment to personal development.
- i. Agrees to work within the NZAC Code of Ethics and be accountable to the Association while working towards Member status.
- j. Complete a case study and video of your practice for review by the Assessment Team.

The requirements to upgrade to Member under this criteria is that you:

- Spend a minimum of 2 years as a Provisional Member.
- Undertake a further 300 hours of counselling practice.
- Undertake a further 30 hours external individual supervision with an NZAC Member.

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.

Closing dates for applications in 2019

All submissions must be into National Office by the due dates.
Late applications will not be considered

Due dates are:

1st July

1st November

Assessment cost: \$760.00 incl GST (this is non refundable)

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 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 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. Personal 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).

Submission of your application:

- All applications to be single sided with no staples, consistent font, size 12 or 14 with standard margins, no binding nor folders.
- Put everything into one plastic sleeve.
- Read the guide about how much to write on each topic.
- The application is 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 to verify and sign the copies.
- 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.
4. ☐ Letter from your employer(s).
5. ☐ Enclose copies of any personal disclosure statements or other advertising material, such as business cards.
6. ☐ Letter from other professional body (if applicable).
7. ☐ Verified copy/s of your qualification(s).
8. ☐ Police Vetting form.

Send your application to:

NZAC
PO Box 25154
Wellington 6146

If assistance is required contact the Membership Manager: membership@nzac.org.nz or refer to the information under <http://www.nzac.org.nz/membership.cfm>

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



Date received
(Official use only)

2019

PARTICULAR CIRCUMSTANCES PROVISIONAL MEMBER STATUS REQUEST

Pack valid until 30th November 2019

Section 1 (Applications can be made at any time during the year)

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	
Post Code	
Home Phone Number	
Mobile Number	
E-Mail Address	

Main Employer	
Work Address	
Work Phone Number	
Website: (if applicable)	

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

Counselling Education/Training:

Education/Training Provider	
Level of education/training completed	
Date when training was completed	
Field of education/training (Counselling, psychotherapy, etc)	

External individual supervision contract with a NZAC supervisor.

Name of Supervisor	
Length that the contract has been in place for	

Name 2 theoretical frameworks that you use in your practice.

Criminal Conviction or Charges Declaration

(Please 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
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If “**yes**” attach a detailed statement outlining your conviction details and / or information about the pending charges, in a separate document.

Please Note: 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.

Professional Conduct Declaration

(Please 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, psychotherapy, health or social services field?	Yes	No
Name of professional body: _____ You will be 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.			
5.	Have you previously been a member of any other professional body representing counselling or psychotherapy?	Yes	No
Name of professional body: _____ You will be 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.			

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:

- Any previous criminal convictions, or any charges pending that I have, other than minor traffic infringements?
- Any complaint(s) / concern(s) raised by any other professional bodies.
- Any complaint(s) / concern(s) raised within current or former employment.

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.

Section 2

1. Details of your counselling education

Attach copies of your qualifications. These documents must be verified and signed either by your employer or supervisor as a true and correct record of your education.

2. Letters supporting your application

- a. A letter from your employer(s) supporting your application and confirming you have not been or currently are subject to any ethical complaints. This includes paid and/or voluntary work undertaken.
- b. One character reference from a full Member of NZAC.
- c. If you are in private practice provide 2 character references from full Members of NZAC.
- d. If you belong to any other professional body a letter must be provided to confirm that you have not been or currently are subject to any ethical complaints.
- e. If you have any advertising material enclose a copy of this with your application.

Section 3

1. Counselling Education/Training Information

List the Core Counselling Skills training undertaken.

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

Ongoing, Comprehensive, Cohesive, Theoretical and Skills-Based

Examples: Course Title	Course Facilitator	Date	Total Hours	Key Learning Outcomes
Person Centred Counselling Skills	HD&T	Sept – Nov 2010	30hrs	
Couples Counselling	HD&T	Feb - May 2017	60hrs	
Treaty of Waitangi	Massey University Paper	2013	120 hrs	
Family Therapy - Theory and Practice	Youthline	Ongoing during 2018	80 hrs	

Attach verified evidence of completion of all courses listed.

2. Professional Development Undertaken

- a. Ongoing Professional Development undertaken in the last 2 years.

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

Example:

Workshop Title	Course Facilitator	Date	Duration in Hours	Key Learning Outcomes
Working with Suicidal Clients	Bill Smith	16th Feb 2017	5 hrs	
Working with Difference	Mary Brown	23 rd – 24 th Aug 2018	10 hrs	
NZAC Conference	NZAC	6-9th June 2017	18 hrs	

- b. Outline your plan for ongoing Professional Development over the next year.

3. Personal Development

Describe what you have learned or gained from personal development including counselling, from reflection and learnings, from significant life events or experiences which demonstrates your commitment to ongoing self-learning. (1 page)

Section 4

Counselling Practice

A minimum of 2000 hours face to face counselling over the last 8 years is required. Ensure your supervisor has sighted and signed off your log.

A statement from your employer(s) confirming the above:

- Outline your counselling experience over the last 8 years. You must clearly be able to identify what is counselling as opposed to any other role you may have. (1 page)
- Explain the key tasks within your employment(s). (1 page)
- Describe what motivated you to enter the field of counselling practice. (1 page)
- Outline your understanding of the nature and purpose of counselling. (1 page)

Section 5

Case Study

Present a written case study of 3000 words or less, and a 15 - 20 minute video segment of work with a client. Use the same client for both pieces of work. This study is about work undertaken with a client who has come to you for counselling.

Case study instructions

Be sure to include the following points in your case-study write-up, as these will form the basis of the Committee's assessment of your work:

- How was the client referred?
- How was the initial contract negotiated?
- Talk about how you included cultural considerations.
- What were your initial impressions of the client?

- e. Discuss the social/historical context of the client.
- f. Describe some of the concerns that your client came with.
- g. How were these concerns explored?
- h. What informs/influences your thinking as you respond to the clients concerns and formulate a plan for the work in collaboration with your client?
- i. What was/were the context/goals of the counselling?
- j. What strategies did you employ for achieving these?
- k. Comment on the usefulness of the strategies.
- l. Which modality(ies) did you use in the work?
- m. On what basis did you choose the modality(ies), and how useful was it/were they?
- n. What is your sense of the client's experience of themselves?
- o. What is your sense of how the client experienced you as a counsellor?
- p. Talk about how you have experienced yourself in working with this client.
- q. What were your challenges in this work?
- r. Discuss what worked well, what did not, and how you knew.
- s. How are you addressing what did not work well?

13. Video segment instructions

Provide a 15 -20 minute video segment of work with this client, supported by a verbatim transcript of the segment, with each interaction numbered (use "Th" to denote your part, and "Cl" for the client).

Commentary	Who is speaking	Client process	Counsellor process	Links to theoretical frameworks used
	Cl 1			
	Th 2			
	Cl 3			

- A commentary on process in the segment.
- What you did you experience about the client's reactions, and yours as well?
- An analysis of your interventions and the client's responses.
- A written summary of the overall segment.
- A self-assessment of how the core counselling micro-skills have been demonstrated in the segment. Use the template to structure your self-assessment.

Video Segment

As counsellors we use a variety of models to work from.

The assessment of the video segment you choose is not about the modality you use.

It is about being able to demonstrate the use of core counselling micro-skills and being able to reflect on the appropriateness and competence of each in the video segment you selected.

PART A

For each skill below, indicate which intervention(s) in your video demonstrate(s) its use, and discuss the appropriateness and competence with which you used it/them. Reflect on your use of:

- a. Encouragers.
- b. Appropriate paraphrasing.
- c. Summarising.
- d. Open/closed questioning.
- e. Focusing.
- f. Consider purposefulness, appropriateness, deepening, and the managing of intensity.

PART B

How did you focus on:

- a. The client's feelings.
- b. The client's thoughts.
- c. The client's issue(s).
- d. Others in the client's life.
- e. Yourself as counsellor.
- f. The client's environment.
- g. Immediacy (the ability to meet the client where they are at the moment).
- h. Attending (the capacity to be fully available to the client).
- i. Empathy (being able to communicate your understanding of the client).
- j. Re-framing (the ability to facilitate a more expansive view for the client).
- k. Challenge (skilfulness with facilitating client awareness of any lack of congruence).
- l. Rapport.

Comment on your genuineness and congruence with this client, as demonstrated in the video segment.

Supervisor's report – Part A

Particular Circumstances 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 12 months. A minimum of 20 hours of individual supervision sessions is required before application.

Name of Supervisee: _____
(Please print)

Name of Supervisor: _____
(Please print)

External or Programme 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 in last 2 years.

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: _____ / _____ / _____

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, eg 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:

- 1. 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."***

- 2. 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:

Payment Options

Assessment fee: (Non-refundable even if the application is unsuccessful)	\$NZ 750.00
Police Vetting Fee (compulsory):	\$NZ 10.00
Total:	\$NZ 760.00

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)