



Date received
(Official use only)

2019

**Reinstatement Request
(return to practice)**

Valid to 30 Nov 2019

NB This form is used by those returning from a period of non-practicing, those whose membership ceased and those who have previously been members but resigned within the previous 5 years.

| | |
|---------------------------------------------------------------------|--|
| First Names | |
| Family Name | |
| Your preferred name (this will be on all documentation you receive) | |
| Date of Birth | |
| 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) | |

| | |
|----------------------------------------|--|
| Main Employer: | |
| Work Address: | |
| Work Telephone: | |
| Website: (if applicable) | |
| Previous or current status within NZAC | |
| Date granted | |

External individual supervision contract

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

Puawananga Kaitiakitanga

| | |
|-------------------------------------------|--|
| Name of Puawananga Kaitiaki (as required) | |
|-------------------------------------------|--|

Break in Membership

Date when Non Practising Began (month and year) _____

Date Counselling Practice resumed (month and year) _____

Please explain the reasons for the break in membership:
(if more space is required please continue on a separate sheet)

| |
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Further material and supporting information may be requested prior to reinstatement.

Criminal Conviction or Charges Declaration

(Please circle one of the following)

Since the date you went non-practising, or resigned, or since your membership was ceased, have you any criminal convictions, or are any charges pending, other than minor traffic infringements?

| | |
|-----|----|
| Yes | No |
|-----|----|

If **“Yes”** attach a detailed statement outlining your conviction details in a separate document.

Professional Conduct Declaration

(Please circle one of the following)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Since the date you went non-practising, or resigned from NZAC, or since your membership was ceased have you been or are you currently the subject of formal professional disciplinary proceedings in New Zealand or another country? | Yes | No |
| 2. Are you currently under investigation in New Zealand or another country for any matter that may be the subject of criminal or professional disciplinary proceedings? | Yes | No |
| 3. Since the date you went non-practising, or resigned from NZAC, or since your membership was ceased are you or have been the subject of a complaint to the New Zealand Health and Disability Commissioner, or an equivalent officer in another country? | Yes | No |
| 4. Have you ever applied, withdrawn or been declined for registration as a health practitioner since the date you went non-practising, or resigned from NZAC, or since your membership was ceased? | Yes | No |
| 5. Are you currently a member of any other body professional body representing Counselling, Psychotherapy, health or social services field? 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. | Yes | No |
| 6. Since the date you went non-practising, resigned from NZAC or since your membership was ceased have you been a member of any other body professional body representing Counselling, Psychotherapy, health or social services field? Name of professional body: _____ Your 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. | Yes | No |

If you have answered “**Yes**” to any of the questions above please 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 organization named in this application about any matter relevant to my application.

I also confirm that I have fully discussed in supervision:

- a) Any criminal convictions or any charges pending that I have, other than minor traffic infringements?
- b) Any complaint(s)/concern(s) raised by any other professional bodies
- c) Any complaint s)/concern(s) raised within my employment.
- d) Candidate to declare if any complaint or concern raised by NZAC and any other professional body is unresolved.

Candidate's name: _____

Signature: _____

Date: _____

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

SUPERVISOR'S REPORT

Reinstatement Request

Name of Supervisor _____

Professional affiliation of Supervisor _____

1. Frequency of Supervision (currently or in the future)

Monthly ☐ Three Weekly ☐ Fortnightly ☐ Weekly ☐

2. How long has the Supervision Contract been in place?

It is a requirement that at least 1 recording (audio and/or video) of the candidate's work with clients is made available to the supervisor for discussion before an application for reinstatement is submitted.

Your experience of the candidate's work has been from: (Please tick the relevant box)

- ☐ Supervision ☐ Audio
☐ Video ☐ Observing counselling session(s)

3. To your knowledge has your supervisee, since the date they went non-practising, or resigned from NZAC, or since their membership was ceased, or is currently, the subject of a concern or complaint about their ethical or professional conduct or has been or is the subject of a criminal conviction?

Yes

No

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

Declaration

Supervisor

Having read the supervisee's reinstatement request it is consistent with my experience of this supervisee and their work.

I confirm this person is of good character and is fit to practice.

Supervisor's Signature: _____ Date: _____

Please contact the Membership Manager if you have any queries or concerns.

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:

| | |
|--------------------------------------|--|
| Date received (Official use only) | |
|--------------------------------------|--|

Payment Options

Assessment fee: \$NZ 60.00
 (Non-refundable even if the application is unsuccessful)
 Police Vetting Fee (compulsory): \$NZ 10.00
Total: \$NZ 70.00

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:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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)