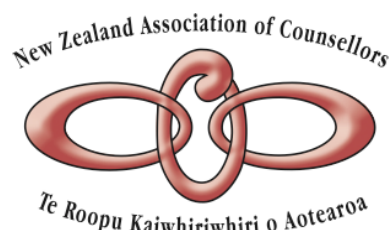


2019



Affiliation to NZAC

For students who are enrolled in a New Zealand
Counselling Education Programme
To a minimum of NZQA approved Level 6



| | |
|--|--|
| First Name(s): | |
| Family Name: | |
| Name you wish to be known as: (this will be on all documentation you receive) | |
| Postal Address: | |
| Town: | |
| Post Code: | |
| Home Phone: | |
| Mobile: | |
| Email Address: | |

New Zealand Counselling Education Programme.

Name of Education Provider: _____

Counselling qualification being undertaken: _____

Level of education/training completed so far: _____

**Please provide a letter from your Education Provider that
you are currently enrolled in a New Zealand Counselling
Programme.**

As a Student Affiliate, you are entitled to all material sent by NZAC both locally and nationally.

As a Student Affiliate you are **NOT** bound by the NZAC Code of Ethics.

NZAC does **NOT** take responsibility for your practice

You are **NOT** allowed to refer to NZAC in any material

NZAC, PO Box 25154 Wellington 6146

www.nzac.org.nz

Payment Options

The financial year is April 1 – March 31

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

Student Affiliate Fee is

\$40 incl GST
After October 1 (\$20.00)

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

| | |
|----------------|--|
| First Name(s): | |
| 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