



Provisional Membership Application for NZAC Non-Accredited Counsellor Education Programme

Applicant Criteria

To be a Provisional Member of NZAC you need to:

Be a person of good character who;

- 1 Has completed an Aotearoa New Zealand professional counsellor education programme. This qualification is at least NZQA approved Level 7 or above. Check eligibility by consulting the 'Becoming a Provisional Member of NZAC Policy', on NZAC website under Membership, Information and Guidelines.

- 2 Has completed a minimum of 200 hours counselling.

This can be with individuals, couples, family, whanau.

Up to 120 hours can be telecounselling, eCounselling and facilitation and/or co-facilitation of therapeutic groups.

- 3 Has completed the following Provisional Membership supervision requirements:

- A minimum of 20 supervision hours including at least two video or audio recordings which have been discussed with your supervisor/
- At least 10 supervision hours external to the counsellor education programme. The external supervisor to be a Member of NZAC or a similar professional association.

Definition: Tele-counselling/E-counselling.

Where the counsellor and client are not physically present in the same space and utilize electronic means for synchronous communication, where each person's response is responded to immediately.

This does not include asynchronous communication where there is a delay between sending a message and receiving a response e.g. email.

The counsellor education programme can provide up to 10 supervision hours. This supervision can be facilitated groups of up to six people.

The Programme Supervisor will confirm Programme Supervision has been completed (if applicable) in the Education Provider letter (refer to Supporting Information, number 1).

- 4 Te Tiriti o Waitangi

Has a minimum of three (3) hours cultural consultation provided by someone of Māori descent comfortable with Te Ao Māori and can therefore assist the Applicant in their reflection process.

The kōrero needs to include;

- Te Tiriti o Waitangi and the significance it has in Aotearoa New Zealand today
- The impact of colonisation on Māori

Write a statement which reflects on your kōrero with your cultural consultant. Include your commitment to take the learning into your everyday counselling practice (*Guide: One page*).

Form to be completed by Cultural Consultant is available on the NZAC website: Membership, Information and Guidelines

- 5 Agrees to work within the NZAC Code of Ethics and to be accountable to the Association while working towards Member status.

Key Dates

Applications for Provisional Membership are accepted at any time of the year.

Please note however, applications are assessed at regular intervals. This means it can take up to three months from the time all materials are received at National Office for the application to be assessed.

Fees

Assessment fee **\$103.50 (incl GST)**

(non-refundable if application unsuccessful)

An invoice will be emailed to you when your application has been received by National Office.

Fees will be reviewed 1 April 2022 and may increase after this date.

General Information

- 1 If the application is completed on paper, scan and email to membership@nzac.org.nz
- 2 Your Supervisor needs to read your application and discuss it with you.
- 3 Do not send in your counselling log as your Supervisor report confirms they have seen it.
- 4 Ask your Supervisor to verify the original copies of qualifications and certificates. Do not send any original copies of qualifications or certificates.
- 5 If you have had any complaint/s about your practice, full disclosure is required when you present your application. This will be discussed by the Membership Committee before any assessment can take place.
- 6 All decisions made are subject to a satisfactory Police Vetting Report.
- 7 If you have any criminal conviction/s full disclosure is required when you present your application. This will be discussed by the Membership Committee before assessment can take place.
- 8 Where Criminal Conviction/s raises concerns in relation to the Good Character Policy for membership an applicant will be required to attend a Special Panel before the application can proceed. This will be at your own cost.
- 9 If your application meets all requirements the Membership Committee will recommend to the National Executive that Provisional Membership be granted.
- 10 The steps for upgrade to Member begin once you are a Provisional Member.
- 11 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 Member, or you resign.

Personal contact details will be used to send you newsletters, updates etc from the National Office or from delegated representatives of NZAC e.g. Branch Secretaries.
- 12 Keep a copy of your application.
- 13 If assistance required please contact the Membership Manager: membership@nzac.org.nz or refer to the information under <http://www.nzac.org.nz/membership.cfm>

After submitting your application email membership@nzac.org.nz to notify NZAC your application is ready for assessment.

Please note:

NZAC Provisional Membership may be held for five years from date of confirmation. If a Provisional Member has not upgraded to Member at the end of five years, their Provisional Membership will cease unless an extension has been approved. For the duration of Provisional Membership, you are required to have an NZAC Registered Supervisor who has been a Member for a minimum of 5 years.



New Zealand
Association of
Counsellors
Te Roopu Kaiwhiriwhiri o Aotearoa

Date received (Official use only)	
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Section 1

Provisional Membership Application for NZAC Non-Accredited Counsellor Education Programme

First Names	
Family Name	
Your preferred name	
Date of Birth	
NZ 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 programme completed	
Title of Programme	

Supervision

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 hours

(Please provide exact numbers of hours)

Counselling hours completed during programme

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Counselling hours since completing programme

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Facilitation and/or co-facilitation of therapeutic group hours

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Supervision Sessions

Number of internal supervision sessions attended during programme

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Number of external supervision sessions attended during and since completing programme

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Placement Details

Last Placement (name and dates)

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Main Employer now (if applicable)

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Supporting Information Checklist

- Letter from your Education Provider to confirm you have met the programme requirements for Provisional Membership, including programme supervision requirements if applicable.
- Letter from someone of Māori descent comfortable with Te Ao Māori to confirm you have satisfactorily completed the minimum of three sessions.
- Written reflection on your kōrero with your cultural consultant.
- Letter of support from your current employer, if applicable, and last placement outlining 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.
- Letter from any other professional association you may belong to confirming your status, length of membership and you were not or currently are not subject to any concern or complaint about your practice.
- Enclosed copies of personal disclosure statements or other advertising material such as business cards if applicable.
- For non-NZ Citizens, evidence of either New Zealand Residency or a valid New Zealand Work Visa.
As a Provisional Member, you need to work in New Zealand to complete the requirements for upgrade to Member.
- Details of any group related counselling work counted in total hours of practice, including;
 - a. Name of the group
 - b. Role you had within the group
 - c. Outline the therapeutic nature of the group

Section 2

Please circle responses as applicable.

Criminal Conviction or Charges Declaration

Do you have any criminal convictions, or are you under investigation, or have 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 of explanation.

NOTE: All applicants with previous convictions may be required to interview with a Special Panel in accordance with the NZAC’s Good Character Policy before any decision about membership can be made. This will be at your own cost.

Professional Conduct Declaration

- 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?
- 2 Are you or have you ever been the subject of a complaint that was upheld to the NZ Health and Disability Commissioner, or an equivalent officer in another country?
- 3 Have you ever applied, withdrawn or been declined for registration as a health practitioner?
- 4 Are you currently a member of any other professional association representing counselling, psychotherapy, health or social services field?

Yes	No
Yes	No
Yes	No
Yes	No

Name of professional association: _____

You are required to supply a letter from this association 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 association representing counselling or psychotherapy?

Yes	No
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Name of professional association: _____

You are required to supply a letter from this association 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.

Applicant Declaration

I declare that the information provided in this application is true and correct and I will uphold the NZAC Code of Ethics. I 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 or concern/s raised by any other professional associations.
- c. Any complaint/s or concern/s raised in current or former employment.

Applicant's name: _____

Applicant's signature: _____

Date: _____ / _____ / _____

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

Police Vetting Request Form

<https://www.police.govt.nz/sites/default/files/publications/pvs-vetting-request-and-consent-form.doc>

POLICE VETTING REQUEST NOTES

The Approved Agency is NZAC.

The agency representative/delegate or identity referee can be:

a person of standing in the community - e.g. registered professional, religious or community leader, Police employee, person registered with the Approved Agency eg NZAC Registered Supervisor

- Be over 16yrs of age
- Not be related to a partner/spouse
- Not be a co-resident of the applicant

Section 1 Completed by the agency representative/delegate or identity referee.

Sections 2 & 3 Applicant to complete and sign.

On completion of the 3 Sections upload the Vetting forms to the Application or scan and email to membership@nzac.org.nz

External Supervisor's Report

Complete Parts A & B in collaboration with the Applicant

The Supervisor must be a member of NZAC or similar professional association, who has been a Member for five years and who has been the Applicant's Supervisor for at least the past 12 months. 20 hours of supervision are required before application, 10 of which may have been provided by your education provider.

Part A

Name of Applicant: _____

Name of Supervisor: _____

Professional Association: _____

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 date

4 Do you have administrative or statutory responsibility for the Applicant's work?

Yes	No
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If "yes" explain this relationship.

In total, the Applicant needs to have completed a minimum of 200 hours counselling practice.

5 Total number of face to face counselling hours

6 Total number of hours as a facilitator and/or co-facilitator of therapeutic group/s

7 Total number of telecounselling and e-counselling hours

8 Counselling Log seen

Yes	No
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- 9 The Supervisor is required to discuss with their Supervisee at least two recordings or observations of the Supervisee's work with clients.

Your experience of the Applicant's work has been from:

- Video Audio Observing counselling session/s

- 10 To your knowledge has the Applicant 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, please explain.

Part B

Please respond in detail to the following;

- 1 The extent to which the Applicant demonstrates core counselling skills, e.g, the ability to establish and maintain a therapeutic counselling relationship with clients.
- 2 The Applicant's commitment to the ongoing process of self-reflection.
- 3 The Applicant's engagement with the supervision process.
- 4 Do you believe the Applicant understands the implications of the NZAC Code of Ethics? What evidence supports this belief?
- 5 Any further comments you wish to make.

Supervisor Declaration

This application confirms my experience of this Applicant and their work. I have recently viewed/heard recordings of the Applicant's work. I have sighted the Applicant's completed application form and log of face-to-face practice. To the best of my knowledge, the information contained is true and correct and this person is of good character and is fit to practice.

Supervisor's name _____

Supervisor's signature _____

Date: _____ / _____ / _____