

Provisional Membership Application for Particular Circumstances

This pathway to Membership is for people who have been practicing in the social sciences/health services fields for a minimum of eight years' full-time equivalent.

It recognises professional development, learning and experience from a variety of sources, including extensive supervised counselling practice, which the Applicant has been able to integrate to form their own counselling practice.

The onus is on the Applicant to demonstrate they have acquired in other ways the awareness, theoretical knowledge, skills and experience normally found in a counsellor education/training programme, achieved appropriate levels of competency and integrated different sources of learning.

Detailed information and evidence must be provided.

Applicant Criteria

To achieve Provisional Membership of NZAC you need to:

Be a person of good character who has;

- 1 Completed 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.
- 2 Completed a minimum of 2,000 hours of supervised counselling. This can be with individuals, couples, family and whanau. Up to 1,200 of these hours can be Tele-counselling, e-Counselling and facilitation and/or co-facilitation of therapeutic groups.

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.
- 3 A minimum of three hours of cultural consultation provided by someone of Māori descent comfortable with Te Ao Māori and can therefore assist the Applicant in their reflection process – see Section 5.
- 4 Undertaken a minimum of 50 hours supervision, at least 10 sessions within the last 12 months.
- 5 Submitted a recent satisfactory report from a supervisor who is a current, full Member of NZAC or a similar professional association, who has been a Member for five years and who has been the Applicant's supervisor for the past 12 months.
- 6 Demonstrated an ongoing commitment to both personal and professional development.
- 7 Agreed to work within the NZAC Code of Ethics and be accountable to the Association while working towards Member status.
- 8 Completed a case study and video of their practice for review by the Assessment Team.

Key Dates

Closing dates for applications

1st July

1st November

All applications must be received by National Office by closing dates.

Fees

Assessment fee

\$862.50 (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 Ensure the application is fully read and discussed with your Supervisor.
- 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 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.
- 10 If your application meets all requirements the Membership Committee will recommend to the National Executive that Provisional Membership be granted.
- 11 The steps for upgrade to Member begin once you are a Provisional Member.
- 12 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.
- 13 Keep a copy of your application.
- 14 If assistance is required please contact the Membership Manager: membership@nzac.org.nz or refer to the information at <http://www.nzac.org.nz/membership.cfm>

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 a NZAC Registered Supervisor who has been a Member for a minimum of 5 years.

Applicant Checklist

- Your written application
- Video and transcript of your practice
- Your Supervisor's report
- Your Cultural Consultant's report
- Letter from your employer/s
- Enclosed personal disclosure statements or other advertising material, such as business cards where applicable
- Letter from other professional associations if applicable
- Verified copy/s of your qualification/s
- Police Vetting Report



Date received (Official use only)	
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Section 1

Provisional Membership Application for Particular Circumstances

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	
Mobile Number	
E-Mail Address	
Main Employer	
Work Address	
Work Phone Number	
Website (if applicable)	

Membership to other counselling related professional associations e.g. ANZASW, NZAP

Counselling Education

Education/Training Provider	
Level of Education/Training completed	
Date when qualification completed	
Field of Education/Training (Counselling, Psychotherapy, etc)	

External Supervision with NZAC Supervisor or Supervisor from a similar professional association

Name of Supervisor(s)	
Professional Association of Supervisor	
Length of contract	

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 my Counsellor Education Provider.
- c. Any complaint/s or concern/s raised within my placements/employment.
- d. 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@zac.org.nz

Section 3

Counsellor Education

List the core counselling skills education/training undertaken and outline the learning outcomes from each course.

Example:

Course Title	Course Facilitator	Date	Total Hrs	Key Learning Outcomes
Person Centred Counselling Skills	Lifeline	Sept – Nov 2015	30hrs	
Couples Counselling	Weltec	Feb - May 2019	60hrs	
Treaty of Waitangi	Massey University Paper	2020	120 hrs	
Family Therapy - Theory and Practice	Youthline	Ongoing during 2019	80 hrs	

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.

Section 4

Supporting Material

Must be dated within the last six months

Either

If you are in paid or voluntary work attach:

- ▶ A letter from your employer(s) supporting your application.
Describe your position and confirm whether or not you are or have been the subject of any ethical complaints that have been upheld.
- ▶ One character reference from a Member of NZAC.

Or

If you are in private practice:

- ▶ Provide character references from two Members of NZAC.

If you belong to any other professional association:

- ▶ provide a letter confirming you have not been, nor are currently subject to any ethical complaints.

Enclose copies of any disclosure statements and other advertising material if applicable.

Section 5

Te Tiriti o Waitangi

Have a minimum of three hours of 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 Maori.

Write a statement which reflects on your kōrero with your cultural consultant.

Write about your commitment to take the learning into your everyday counselling practice. (*Guide: one page*).

Cultural Consultant to complete form found on NZAC website: Membership, Information and Guidelines.

Section 6

Professional Development

List Professional Development undertaken in the last two years e.g. Workshops, Seminars, Conference attendance.

Example

Workshop Title	Facilitator	Date	Duration (Hours)	Key Learning Outcomes
Working with Suicidal Clients	Bill Smith	15/11/20	5 hrs	
Working with Difference	Mary Brown		10 hrs	
NZAC Conference	NZAC		18 hrs	

Outline your plan for ongoing Professional Development for the next year.

Section 7

Personal Development

Describe what you have learned or gained from personal development, your reflections and learnings, including counselling, significant life events or experiences which demonstrate your commitment to ongoing self-learning. *(guideline: one page)*

Section 8

Counselling Practice

- Describe what motivated you to become a counsellor *(guideline: one page)*.
- Outline your understanding of the nature and purpose of counselling *(guideline: one page)*
- Outline your counselling experience over the last eight years. Clearly identify what is counselling as opposed to any other role you may have *(guideline: one page)*.
- Name and briefly describe two theoretical frameworks that you use in your practice *(guideline: one to two pages)*.

Section 9

Case Study

Present a written case study of 3,000 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 in your case study, as these will form the criteria for the assessment of your work:

- How was the client referred?
- How was the initial contract negotiated?
- What were your initial impressions of the client?
- What cultural considerations were present and how did you take them into account?
- Discuss the social/historical context of the client.
- Describe some of the concerns that your client brought to counselling.

- g. What informed/influenced your thinking as you responded to the clients concerns and formulated a plan for the work in collaboration with your client?
- h. How were these concerns explored and what strategies were used?
- i. Comment on the usefulness of the strategies.
- j. Which modality/ies did you use in the work?
- k. On what basis did you choose the modality/ies, and how useful was it/were they?
- l. Talk about how you have experienced yourself in working with this client.
- m. What were your challenges in this work?
- n. Discuss what worked well, what did not, and how you knew.
- o. How did you address what did not work well?

Video segment instructions

Provide a 15–20 minute video segment of work with the client. Provide a verbatim transcript of the segment, number each interaction and use “Th” to denote your part, and “Cl” for the client.

Example

Speaker		Transcript Verbatim	Observation of Client	Counsellor Process	Commentary	Theory used
1.	Cl					
2.	Th					
3.	Cl					

Provide a summary of the overall segment. In your summary, include the core counselling skills used and the appropriateness and competence with which you used them. Comment on your authenticity and congruence with this client.

Supervisor's Report

Complete Parts A & B in collaboration with the Applicant

If you have been practicing as a counsellor in NZ and engaged with a supervisor, the relationship with the supervisor needs to be of sufficient length for the Supervisor to confidently comment on your practice.

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. 50 hours of supervision are required before application, including at least 10 within the last 12 months.

Part A

Name of Applicant: _____

Name of Supervisor: _____

External 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 2,000 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 undertaken by the Applicant

7 Total number of hours telephone and online counselling practice

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, log of face-to-face practice and their professional development record. 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: _____ / _____ / _____