



Request for Reinstatement (Return to Practice)

Date received (Official use only)	
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This application 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 five years.

Section 1

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 Telephone	
Website (if applicable)	
Previous or current status within NZAC	
Date granted	

External individual supervision

Name of Supervisor	
Length of contract	

Puawānanga Kaitiakitanga

Name of Puawānanga Kaitiaki	
Length of contract	

Break in Membership

Date when Non-Practicing began (month and year)

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Date Counselling Practice resumed (month and year)

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Please explain the reasons for the break in membership

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

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- 3 Have you ever applied, withdrawn or been declined for registration as a health practitioner?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.

Section 3

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

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:

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

Applicant's name: _____

Applicant's signature: _____

Date: _____ / _____ / _____

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

Fees

Assessment fee

\$80.50 (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.

Supervisor's report

Name of Supervisor: _____
(Please print)

Professional Association: _____
(Please print)

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

Weekly Fortnightly Three Weekly Monthly

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

3. The Supervisor is required to discuss with their Supervisee at least one recording or observation from the past six months of the Supervisee's practice with someone being a client eg a colleague.

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

Supervision Audio Video Observing counselling session(s)

4. To your knowledge, has the Applicant - since the date they went non-practising, resigned from NZAC, or since their membership was ceased - been 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
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If 'Yes' please comment.

Supervisor Declaration

The Applicant's reinstatement request confirms my experience of their work. To the best of my knowledge, the information contained is true and correct.

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

Supervisor's name _____

Supervisor's signature _____