

Counsellor Application Form

Criteria for becoming a registered counsellor with Victim Support

- Relevant qualifications are NZQA or University Approved Level 7 (Bachelor) or higher, or qualifications as set by the applicant's professional body.
- Full registration with a suitably recognised professional body in New Zealand e.g. NZAC, NZAP.
- At least three years' experience in trauma and/or grief counselling
- Receiving regular clinical supervision from a qualified supervisor who holds a current practising certificate with a relevant professional association.
- A written reference from the applicant's current or recent clinical supervisor (must have at least 12 months supervision from this person) or an alternative arrangement as approved by Victim Support the National Quality Manager.
- Undergo initial police vetting (including NZ and Australia) and every three years thereafter, initiated by Victim Support (there are no costs involved for the applicant).

Those wishing to be registered with Victim Support as an approved counsellor must complete the attached form and return by either:

Email: counselling@victimsupport.org.nz

Post: VAS Administrator
Victim Support National Office
PO Box 3017
Wellington 6140

Counsellor Application Form

Applicant's Full Name	
Postal Address	
Consulting Address <i>(if different from above)</i>	
Phone	
Email	
Qualifications	
Professional Memberships	
Ethnicity/lwi affiliation <i>Note: Sometimes victims want to see counsellors of the same ethnicity and this helps Victim Support match victims to the counsellors that suit their needs.</i>	
Languages spoken in addition to English <i>(if yes, please specify)</i>	<input type="checkbox"/> NA <input type="checkbox"/> Yes
Areas of Expertise/Interest	
Are there any types of referrals you do not wish to receive? <i>(i.e. homicide, suicide, children)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Describe:
Therapy Models you use: <i>(CBT, DBT, Narrative)</i>	
The fee charged per session	\$

(Please ensure these sections are completed in full. A full CV is also required)

Recent education and relevant qualifications

Date attained	Qualification	Copy Attached (tick)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Summary of relevant work experience

Dates	Employer	Role

Name of two referees (including current clinical supervisor)

Name	Contact phone/include email	Relationship
	Phone: Email:	
	Phone: Email:	

Documentation you need to include with this application:

- Evidence of qualifications attained (photocopies accepted)
- A copy of your CV
- Evidence of current membership of an approved professional body (a photocopy of your current practicing certificate is acceptable)
- This completed application form
- A completed VAS Counsellor Referee Check Form from your current or most recent clinical supervisor.

You are also required to complete a New Zealand Police Vetting Service & Consent Form. This is attached to our website (www.victimsupport.org.nz – About Us – Vacancies – Victim Support Approved Registered Counsellor).

Complete Section 1 - Evidence of Identity.

The documentation can be sighted and signed by:

- Staff at our local Victim Support Office
- A registered Justice of the Peace
- A person of standing in the community (eg. registered professional, religious or community leader, police employee)
 - This person must be over 16 years of age
 - Not be related or a partner/spouse
 - Not be a co-resident of the applicant

Complete all of Section 2

Complete all of Section 3

Please note: Once the vetting form is submitted to NZ Police for processing it may take up to 6 weeks for a response.

Terms and conditions.

I agree that in submitting this application:

- I have provided all the material asked for and that Victim Support may check my qualifications and memberships with the relevant organisations.
- Victim Support may contact my referees to discuss my application and my suitability for the work I have sought approval for.
- I understand that my details will be held on file by Victim Support and may be provided to the Ministry of Justice as part of compliance reporting.

If approved as a Victim Support counsellor:

- I will be readily available to take referrals from Victim Support when required.
- I will continue to belong to a professional body.
- I will send a copy of my new Practising Certificate each year to VAS Administrator, NZ Council of Victim Support, PO Box 3017, Wellington 6140, fax 04 495 3076 or counselling@victimsupport.org.nz
- I will only charge Victim Support the agreed fee and will not make any additional charges to the client.
- I will not exceed the approved number of sessions. Should I believe more sessions are necessary I will email the VAS Administrator on counselling@victimsupport.org.nz requesting additional sessions for the client. I understand I will not be paid for any sessions that are not approved by Victim Support.
- I will be willing to liaise with Victim Support employees on matters related to the administration of the Victim Assistance Scheme.

Name:

Signed: _____ Date: