

Counsellor Application Form

Criteria for becoming a registered counsellor with Victim Support

- Hold a current certificate of membership to a recognised professional body such as NZAC/NZPA/ANZASW/DAAPANZ. If you are not a member of a recognised professional body but have the required qualifications, skills and experience your application maybe considered on a case by case basis.
- Relevant tertiary qualification or qualifications as set by the applicant's professional body
- Other relevant qualifications in areas such as social work with counselling components; child play; music therapy or traditional Maori or Pasifika therapies etc will be considered on a case-by-case basis.
- A completed referee form from the applicants current or recent clinical supervisor.
- A 'No Results' police vetting report.

Those wishing to be registered with Victim Support as an approved counsellor must complete the form below and return by email or post:

Email: counselling@victimsupport.org.nz

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

Applicant's Full Name	
Postal Address	
Consulting Address <i>(if different from above)</i>	
Phone	
Email	
Availability <i>(Weekdays/Weekends/Hours/online/ face to face)</i>	
Professional Body Memberships	
Ethnicity/Iwi affiliation <i>Note: Sometimes victims want to see counsellors of the same ethnicity, and this helps Victim Support match victims to the counsellor that suits their need.</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 <u>not</u> wish to receive? <i>(i.e. homicide, suicide related, children)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Describe:
The fee charged per session	\$

Documentation you need to include with this application:

- Evidence of current membership of an approved professional body (a photocopy of your current practicing certificate is acceptable)
- A completed VAS Counsellor Referee Check Form from your current or most recent clinical supervisor.

Police vetting

You are also required to complete a Victim Support Police Vetting Form. This form is available on our website (www.victimsupport.org.nz – *Counsellor Registration*). Once the vetting form is submitted to NZ Police for processing it may take up to 6 weeks for a response to come back.

If you have completed police vetting within the last 12 months a copy of the result can be submitted with this application.

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 memberships with the relevant organisations annually or as required.
- Victim Support may contact my referee 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 send a copy of my new practicing 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, unless there is agreement between all parties prior to commencing counselling.
- I will not exceed the approved number of sessions available to clients referred to me.

(If you believe more sessions are required this will be considered on a case by case basis, dependent on the funding criteria and the circumstances of the client. A request for more sessions should be sent to the VAS Administrator at counselling@victimsupport.org.nz)

- 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 Financial Assistance Scheme.

Name:

Signed: _____ Date: