

**MEMBERSHIP APPLICATION 20\_\_**

Level of Membership: I am applying for (see Section 7 of the Rules of NZCCA for an outline of these levels):

Provisional Member

Full Member

**(Please note:** If you wish to apply under the **Exceptional Circumstances Clause**, please write to NZCCA to request the specific forms or download them from our website:

[www.nzcca.org.nz](http://www.nzcca.org.nz))



**Section : A**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Mob \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity:

- |  |   |
|--|---|
| <input type="checkbox"/> European (Pakeha) | <input type="checkbox"/> Maori          |
| <input type="checkbox"/> South African     | <input type="checkbox"/> Pacific Island |
| <input type="checkbox"/> Korean            | <input type="checkbox"/> Chinese        |
| <input type="checkbox"/> Other: _____      |   |

**I certify that I have:**

- read and agree to abide by the
  - Code of Practice and Ethics (this includes acceptance of NZCCA's statement of Faith found in this document)
  - Rules of the NZCCA

**I have:**

- completed and included Sections A, B:1, B:2, C:1, C:2, C:3, D, E:1 and E:2
- included transcripts relative to my training as well as copies of birth certificate, marriage certificate, drivers licence or passport.
- included \$190.00 with my application : \$90.00 (incl GST) being a non refundable processing fee and \$100.00 being a part payment for this year's membership fee the balance of which I agree to pay on acceptance as a member.
- understood that I may be required to attend an interview, in which case there will be an additional fee of \$275.00 incl GST payable, and that any travel costs to the interview venue will be borne by me. (note: interviews are held in most main cities)
- understood that satisfactory completion of an Annual Practice Review and a minimum of one supervision session per month are part of the criteria for ongoing membership.

In signing this application I give consent for NZCCA to contact my training institution(s) (B1) & my current supervisor(s) or any previous supervisor(s) (E2).

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

***I consent:***

1. to my name and address being  
 published on the NZCCA website and  
 included in a directory of NZCCA Members  
if Membership is accepted
2. to this application being considered for participation in NZCCA as an Affiliate or Student Associate if  
Membership is declined
3. to my name and address being supplied to people offering counselling related seminars within New  
Zealand on the understanding that my name will be supplied only for that mailing list and not  
passed on to other mailing lists

**Payment Options:**

There are 2 Options for payment:

- by internet or phone banking

to: NZCCA  
ASB Ponsonby  
Account No: 12 3012 0806750 00

Write your **FULL NAME** in the reference code and **APPLICATION** in particulars

**Please note:** Payment by internet or phone banking must be received before this application will be processed.

- Cheque made out to "NZCCA" included with this application.

**Section B.1 – Qualifications and Professional Development**

1: Please list below the formal tertiary counselling qualifications you have attained or are in the process of attaining.

Attach to the application form:

- a) a transcript of your academic record
  - photocopy of names of papers and results
  - photocopy of completed Diploma or Degree
- b) a copy of your birth certificate
- c) a copy of your marriage certificate
- d) document(s) supporting any additional changes of name
- e) copy of your driver’s licence or passport

PLEASE NOTE: **ALL** documents must be verified by one of the following:

- a Justice of the Peace,
- an Officer of the Court (this includes a Solicitor), or
- a Minister of Religion.

**NB: When assessing your application NZCCA may contact education providers if clarification or further information about your qualification is needed to process your application.**

Qualification: _____  Training Facility: _____  Location: _____  Date completed: _____
Qualification: _____  Training Facility: _____  Location: _____  Date completed: _____
Qualification: _____  Training Facility: _____  Location: _____  Date completed: _____



## **Section B 2 – Training**

### **Bi-Cultural – Treaty of Waitangi Awareness**

Please outline your experience and training following the guidelines below including dates. This needs to include the following:

- Name of organisation where your experience or training was gained (minimum of 20 hours). This could include, in part, cultural supervision.
- A list of the courses attended including the material covered.
- A list of your experiences, including a compulsory Marae stay.
- A description of how you integrate your knowledge of the Treaty of Waitangi and Tikanga Maori into your practice.

(300 – 500 words)

## Section C:1 - Counsellor Clinical Experience

1. COUNSELLING EXPERIENCE RECORD: PLEASE INDICATE WHICH CATEGORY YOUR EXPERIENCE IS IN:

A: Pre-Training

B: During training (e.g. Placement/Internship)

C: Post Training

F/T: Full Time

P/T: Part time

Please start with your most recent experience.

	1	2
START DATE		
END DATE		
SETTING e.g. agency, church		
POSITION		
CLIENTS e.g. adults, children		
A / B / C		
FT / PT		
PAID / VOLUNTARY		
<b>SUPERVISOR NAME</b> ADDRESS  PHONE NUMBER		

	3	4
START DATE		
END DATE		
SETTING e.g. agency, church		
POSITION		
TYPE OF CLIENTS e.g. adults, children		
A / B / C		
FT / PT		
PAID / VOLUNTARY		
<b>SUPERVISOR NAME</b> ADDRESS  PHONE NUMBER		

Please continue on a separate page if necessary.

## Section C:2 - Please answer these questions on a separate page

### Personal Development and Awareness (300 – 500 words)

1: Please give details of personal development undertaken prior to or during your counselling training.

This may include:

- Personal counselling, spiritual direction or life coaching. (Include name(s) of counsellor(s), hours and a brief description of any course).
- Personal development courses and workshops.

Required criteria:

i: Completion of at least 8 hours of personal counselling and/or completion of at least 8 hours self awareness/personal development work and/or description of any significant activity that has provided personal development, e.g. spiritual direction

2: Describe how this personal development work has affected your practice as a counsellor. This description should demonstrate insight and self- reflection, with a level of personal disclosure and awareness (explicit or inferred).

## Section C 3 - Please answer these questions on a separate page

### Ethical Practice

1: Describe 4 practices or issues you attend to, or are vigilant about, to ensure you practise in an ethical manner. Please link these to the NZCCA Code of Ethics. **(300 – 500 words)**

2: Describe an ethical dilemma (simple or complex) and how you dealt with it. **(300 – 500 words)**

- a) Describe the ethical dilemma; an ethical dilemma can be seen as a conflict between two equally held values.
- b) Identify the conflicting values (e.g. client confidentiality vs. client safety)
- c) Detail the steps taken to resolve the dilemma
- d) What did you learn from this personally and/or professionally?

3. How does being a Christian influence your counselling practice? **(no more than 100 words)**

**Section D - Professional Associations**

- 1. **What are you hoping to gain from being an NZCCA member? (about 100 words)**
- 2. Are you able to offer to NZCCA specific skills, expertise or time? (this could be locally, regionally or nationally)

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- 3. Have you previously been refused membership of NZCCA?

Yes  No

Have you previously been refused membership of a similar professional association?

Yes  No

If YES please indicate why -----

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- 4. Have you been convicted of any criminal offence? Yes  No

If yes please provide details: -----

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Please fill in and sign the enclosed **Consent to Disclosure of Information** form and return with your application (separate form)

- 5. Do you have any current outstanding professional complaints, or professional complaints which have been lodged against you in the past which were upheld?

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- 6. Please list the names of all relevant professional associations of which you have previously been or are now a member. In each case:
  - (a) State the years in which you were a member
  - (b) Give your level(s) of membership
  - (d) Enclose evidence of current membership (photocopy)

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## Section E:1 – Interview and Counselling Supervision

### 1 INTERVIEW

Please note that you may be required to attend an interview as part of the application process. If an interview takes place you will be charged \$275 (+ GST) to defray Association expenses incurred.

### 2 SUPERVISION (please read carefully)

Please note you MUST discuss your completed Application with your Supervisor(s) for verification. Your Supervisor(s) must complete and sign section E:2. This must be done before you mail the completed application to the NZCCA office.

Your Supervisor(s) must be a member(s) of a relevant professional organisation (NZCCA, NZAC, NZAP or equivalent) and have Supervision training (exceptions may be considered on a case by case basis).

If the enclosed Supervisor's report covers a period of less than 6 months, please also include a report from your previous Supervisor.

If you are seeing more than one Supervisor please include a report from each Supervisor.

**NB: When considering this application NZCCA will contact your Supervisor(s) to discuss your application.**

**NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION**

**AUTHORISATION TO DISCLOSE INFORMATION**

To: Licensing and Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
Wellington 6140

I.....  
(Surname) (First Names)

.....  
(Maiden or any other names used)

Sex.....(M/F) Date of birth..... Place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to **New Zealand Christian Counsellors Association**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

**COMMENTS OF THE NEW ZEALAND POLICE:**

**Agency code: N30081**

**SUPERVISOR'S DETAILS**

1.1 Name of Supervisor filling in this form: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (wk)\_\_\_\_\_ Phone: (AH) \_\_\_\_\_

Email:\_\_\_\_\_

1.2 Professional affiliation(s) of supervisor:\_\_\_\_\_

1.3 Qualifications of supervisor including training in supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor's own supervision details:**

1.4 Indicate the arrangements that you have made for the review of your work as a supervisor.

Name of your Supervisor(s): \_\_\_\_\_

\_\_\_\_\_

Frequency of your face to face supervision settings: \_\_\_\_\_

\_\_\_\_\_

**APPLICANTS DETAILS**

2.1 Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email:\_\_\_\_\_

2.2 Membership category being applied for:

Provisional Member

Member

**APPLICANT'S WORK**

**Supervisor needs to have reviewed audio / video tape / digitally media or directly observed counsellor's work.**

2.3 Type of supervision carried out with applicant: (circle)

Individual / Peer / Group

2.4 Period of supervision to which this report refers:

From: \_\_\_\_\_ To: \_\_\_\_\_

2.5 How many supervision sessions have you had with the applicant?

Number of sessions: \_\_\_\_\_ Length of each session: \_\_\_\_\_

Total of hours: \_\_\_\_\_

Number of sessions in the last 12 months: \_\_\_\_\_

How often does supervision take place? (approx): \_\_\_\_\_

In the last 12 months how much supervision has been :

Counsellor talking about clients: \_\_\_\_\_ Hours

Listening to counsellor/client audiotape: \_\_\_\_\_ Hours

Viewing counsellor/client videotape: \_\_\_\_\_ Hours

Direct observation: \_\_\_\_\_ Hours

Personal issues: \_\_\_\_\_ Hours

Other (please specify): \_\_\_\_\_ Hours

\_\_\_\_\_ Total

2.6 Please indicate your assessment of the applicant by entering a number (using the scale below) in the boxes provided to the right of each question or item:

- 5 = excellent
- 4 = good
- 3 = adequate
- 2 = inadequate
- 1 = poor
- 0 = insufficient information to make an assessment

Ability to establish, maintain and close empathetic relationships with clients	---
Demonstration of core counselling skills (eg, listening skills, assessment skills)	---
Awareness of boundary issues	---
Awareness of transference/counter transference	---
Understanding of cultural issues	---
Appreciation of ethical principles	---

2.7 What do you consider to be the strengths and growing edges of this applicant?

a) Strengths

b) Growing edges

2.8 List the counselling models the applicant uses in their counselling practice?

2.9 Comment on the type of issues that this applicant would be competent to work with at this stage of their practice.

2.10 Please comment on this applicant's suitability for membership of NZCCA at this level.

I declare that I have viewed the completed Application Form sections A - E for the person mentioned in this supervision report.

Signed by Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_